

06023

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2 Filming 182 F-20-55 et

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH:

COUNTY

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN

MARYLAND

LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS3. NAME OF
DECEASED:
(Type or Print)

5. SEX:

6. COLOR OR
RACE:10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired):

13. FATHER'S NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)

17. INFORMANT & ADDRESS:

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

DUE TO

Antecedent cause(s)

(a)

Diseases or conditions, if any,

(b)

giving rise to the above cause

DUE TO

stating underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

INTERVAL BETWEEN
ONSET AND DEATH21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY21b. PLACE (Home, farm, factory,
of street, office bldg., etc.)
INJURY21e. INJURY OCCURRED
While at Not while
work at work

21c. (City or town)

(County) (State)

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURECHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.20. AUTOPSY?
Yes No

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (Specify):DATE REC'D BY LOCAL
REG.

6-15-55

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

REGISTRAR'S SIGNATURE

J. F. STEWART FUNERAL HOME

24. FUNERAL DIRECTOR

ADDRESS

Salisbury, Md.

BUREAU U.S.

JUN 17 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 15-5 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06024

CERTIFICATE OF DEATH

Dr. Gilmore & Ellis

Reg. Dist. No. 3.32

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Hebron		LENGTH OF STAY (in this place) Salisbury		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron		(If rural give location) R.D. # 1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital				STREET ADDRESS			
3. NAME OF DECEASED (First) CARRIE (Middle) TURNER (Last) BROWN				4. DATE (Month) (Day) (Year) OF DEATH June 30 th 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 18, 1914	9. AGE last birthday 40 yrs.	IF UNDER 1 YEAR 11 Months 12 Days		IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work -Sales Clerk(J.C.Penny Co.)			10b. KIND OF BUSINESS OR INDUSTRY Divalve Maryland	11. BIRTHPLACE (State or foreign country) Divalve Maryland			
13. FATHER'S NAME John W. Anderson				14. MOTHER'S MAIDEN NAME Ella Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No			16. SOCIAL SECURITY NO.			17. INFORMANT & ADDRESS Mr. Carlton J. Brown(Husband) R.D. # 1 Hebron, Maryland	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 200.0 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (A) Reticulum cell Sarcoma (B) _____ (C) _____				INTERVAL BETWEEN ONSET AND DEATH 3 months			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) Camden Ave. Salisbury, Maryland		(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 12:18 P.M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 12:18 P.M. from the causes and on the date stated above.			
22. I hereby certify that I attended the deceased from 19....., to 19....., that I last saw the deceased alive on 19....., and that death occurred at 12:18 P.M. from the causes and on the date stated above. SIGNATURE <i>Willie J. Ellis, Jr.</i> M.D. ADDRESS (Street, city, town, state) Camden Ave. Salisbury, Maryland July 1 1955 DATE SIGNED							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 3, 1955		NAME OF CEMETERY OR CREMATORIAL Wicomico Memorial Park		LOCATION (City, town, or county) Salisbury, Maryland (State)	
24. REC'D BY REGISTRAR JULY 3 1955				REGISTRAR'S SIGNATURE <i>Mary J. Holloway</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MARYLAND	
DATE JULY 3 1955							

Final version

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14. *On the other hand, the author's argument is that the* *right* *is* *not* *the* *best* *way* *to* *achieve* *the* *best* *outcomes*.

Self-employment (as a result of) having a job

CONFIDENTIAL **CONFIDENTIAL**

BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06025

6017

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Wicomico</i>	MARYLAND	STATE <i>Virginia</i>	COUNTY <i>Accomac</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <i>Salisbury</i>	LENGTH OF STAY (in this place)	TOWN <i>Blozom</i>	STREET ADDRESS <i>83 X-3</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>82 Pennsylvania General Hospital</i>		(If rural give location)	
3. NAME OF DECEASED: (Type or Print)	(First) <i>Lola</i>	(Middle) <i>G</i>	(Last) <i>Brown</i>
5. SEX: <i>Female</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <i>At-Home</i>	8. DATE OF BIRTH: <i>1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>At-Home</i>	
13. FATHER'S NAME: <i>William James Somers</i>		11. BIRTHPLACE (State or foreign country): <i>Blozom, Va</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. MEDICAL CERTIFICATION		14. MOTHER'S MAIDEN NAME: <i>Margaret Anna Mears</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>174X</i> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		17. INFORMANT & ADDRESS: <i>Mrs May R. Peterson, Salisbury, Md</i>	
		INTERVAL BETWEEN ONSET AND DEATH <i>9 Mos's</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6-20, 1953</i> , to <i>6-23, 1953</i> , that I last saw the deceased alive on <i>6-23, 1953</i> , and that death occurred at <i>105 P.M.</i> , from the causes and on the date stated above. SIGNATURE <i>John M. Blodom III</i> ADDRESS DATE SIGNED <i>6-23-1953</i>			
23. BURIAL, CREMATION REMOVAL (SPECIFY)		DATE THEREOF <i>6-26-53</i> NAME OF CEMETERY OR CREMATORIAL <i>Parksley Cemetery</i> LOCATION (City, town, or county) (State) <i>Parksley, Va</i>	
DATE REC'D BY LOCAL REGISTRAR <i>6-28-53</i>		REGISTRAR'S SIGNATURE <i>Mary W. Holloman</i> FUNERAL DIRECTOR <i>Henry M. Johnson, Parksley, Va.</i> ADDRESS	
24.			

BUREAU V. S

JUN 30 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6018

CERTIFICATE OF DEATH

06026

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY Wicomico

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN SALISBURY

MARYLAND

LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

82 PENINSULA GENERAL HOSPITAL

3. NAME OF
DECEASED:
(Type or Print)

(First) EDWARD

(Middle)

(Last)

4. SEX:

MALE

white

6. COLOR OR
RACE:
(Specify):7. SINGLE, MARRIED,
WIDOWED, DIVORCED,

8. DATE OF BIRTH:

Jan 12, 1873

4. DATE (Month)
OF
DEATH: JUNE 15(Year)
195510A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired.)

Retired Farmer

10B. KIND OF BUSINESS
OR INDUSTRY

Own Farm

13. FATHER'S NAME:

Robert Brittingham

16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service)

17. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

IMMEDIATE CAUSE

(A)

Bronchopneumonia

ANTECEDENT CAUSE (S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

Atherosclerotic Cardiovascular

INTERVAL BETWEEN
ONSET AND DEATH

and disease.

10 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9-1955, to 6-13-1955, that I last saw the deceased
alive on 6-13-1955, and that death occurred at 11:55 P.M., from the causes and on the date stated above.
SIGNATURE *Albert W. John Jr.* M.D.

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL
REGISTRAR 6-17-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Mary W. Holloway

Clay E. Dennis, Snow Hill, Md

BUREAU V.

JUN 20 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06027

Item 14 wilmgl84 7-18-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY 12	Wicomico	MARYLAND	STATE Maryland	COUNTY Kent	
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Salisbury		LENGTH OF STAY (in this place) 2-1/2 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Chestertown		14X-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital			STREET ADDRESS Rt. 3		(If rural give location)
3. NAME OF DECEASED (First) Theophilus (Middle) Karlton (Last) Bruce			4. DATE (Month) OF DEATH June 22, 1955		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Nov. 10, 1877	9. AGE last birthday 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Houseman			10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Washington, D. C. USA	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Aaron Bruce			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk.		16. SOCIAL SECURITY NO. --		17. INFORMANT & ADDRESS Hospital Records	
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular Disease, decompensated ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Arteriosclerosis, general GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Brain syndrome following cerebral thrombosis 4/16/55					
INTERVAL BETWEEN ONSET AND DEATH 6 years 6 years					
19a. DATE OF OPERATION --		19b. MAJOR FINDINGS OF OPERATION --		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. et work		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 7, 1955, to June 22, 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 11:50A.M. from the causes and on the date stated above. SIGNATURE V. Juerman (V. Juerman) M.D. Deer's Head Hosp, Salisbury, Md. DATE SIGNED 6/22/55					
23. BURIAL, CREMATION/ REMOVAL (SPECIFY) Burial		DATE THEREOF 6/23/55	NAME OF CEMETERY OR CREMATORIAL Quaker Neck Cem.	LOCATION (City, town, or county) Pomona, Md. (State)	
24. REGD BY REGISTRAR DATE June 23, 1955		REGISTRAR'S SIGNATURE Mary H. Holloway	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James B. Bradfield, Easton, Md.		

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06028

6020 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)		MARYLAND LENGTH OF STAY (In this place)		STATE Maryland COUNTY Wicomico CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12 STREET ADDRESS (If rural give location)	
TOWN 12 Salisbury	Since 8/20/51		HOSPITAL OR INSTITUTION OR STREET ADDRESS 05 Pine Bluff State Hospital Salisbury, Maryland	100 Lincoln Avenue 1	
3. NAME OF DECEASED (Type or Print) Herbert Lee Core			4. DATE OF DEATH June 27 19 55		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH April 19, 1885	9. AGE last birthday 70, yrs.	IF UNDER 1 YEAR Months 2 Days 8 Hours 0 Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Tamm	11. BIRTHPLACE (State or foreign country) Accomac, Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Washington Core			14. MOTHER'S MAIDEN NAME Mary Budd		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk. No			16. SOCIAL SECURITY NO. 220-09-1993		
17. INFORMANT & ADDRESS Patient when admitted			18. MEDICAL CERTIFICATION 315 S. Haven, one INTERVAL BETWEEN ONSET AND DEATH 11 yrs pulmonary Tuberculosis		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 002X IMMEDIATE CAUSE (A) pulmonay Tuberculosis			ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August 20, 19 51, to June 27, 19 55, that I last saw the deceased alive on June 27, 19 55, and that death occurred at 8 p.m., from the causes and on the date stated above. SIGNATURE <i>S. H. Hunter</i> M.D. ADDRESS (Street, city, town, state) <i>Salisbury, Maryland</i> DATE SIGNED <i>6/28/55</i>					
23. BURIAL CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF June 29/55		NAME OF CEMETERY OR CREMATORIUM <i>Whitcoat Methodist Snow Hill, md</i>	
24. REC'D BY REGISTRAR DATE June 30, 1955		REGISTRAR'S SIGNATURE <i>Mary Holloway</i>		LOCATION (City, town, or county) (State) <i>Clayton, Snow Hill, md</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					

DEPARTMENT OF HEALTH-ENVIRONMENTAL STATE BOARD

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

REGISTRATION AND RECORDS SECTION

BUREAU V. S.

JUN 30 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**6021 CERTIFICATE OF DEATH**

06029

332

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY white Haven (If rural give location)	
12 Wicomico Salisbury		1 day		Maryland white Haven		Wicomico	
82 HOSPITAL INSTITUTION OR STREET ADDRESS Peninsula General Hospital				STREET ADDRESS			
3. NAME OF DECEASED (First) Guy WESLEY (Middle) Covington (Last)				4. DATE OF DEATH June 22 1955			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH April 13, 1889	9. AGE last birthday 66 yrs.	10. IF UNDER 1 YEAR Months 2	11. IF UNDER 24 HRS. Days 9	12. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman				11. BIRTHPLACE (State or foreign country) Nanticoke, Md.			
13. FATHER'S NAME George W. Covington				14. MOTHER'S MAIDEN NAME Lucy E. Robertson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk) Yes				16. SOCIAL SECURITY NO. 1220-26-8512			
17. INFORMANT & ADDRESS Vida Covington, White Haven, Md.				18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) Myocardial Infarct				INTERVAL BETWEEN ONSET AND DEATH 8 hours			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arterio sclerotic coronary thrombosis							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County), (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 22 1955, to June 22 1955, that I last saw the deceased alive on June 22 1955, and that death occurred at 9:25 P.M. from the causes and on the date stated above. SIGNATURE W. Wesley Jr. M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/25/55		NAME OF CEMETERY OR CREMATORIAL Dolbey Cemetery		LOCATION (City, town, or county) White Haven, Md. (State)	
24. REG'D BY REGISTRAR DATE June 29, 1955		REGISTRAR'S SIGNATURE Mary F. Holloway		25. FUNERAL DIRECTOR'S SIGNATURE L. J. Messick, Bienville, Md.		ADDRESS	

DEPARTMENT OF HEALTH-EQUALITY STATE CHARTER

CERTIFICATE OF DEATH

See and file

MAIL INFORMATION SHOULD GO DIRECTLY

DEATH CERTIFICATE

SEARCHED
INDEXED
FILED

SEARCHED INDEXED FILED

BUREAU V. S

JUN 30 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6022

CERTIFICATE OF DEATH06030
332

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Wicomico		MARYLAND		STATE Maryland COUNTY Caroline	
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Salisbury		LENGTH OF STAY (in this place) 6 months		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital			STREET ADDRESS Brooklyn Avenue		
3. NAME OF DECEASED (Type or Print) Viola			4. DATE (Month) OF DEATH June (Day) 6 (Year) 1955		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11/24/1911	9. AGE last birthday 43 yrs. Months Days Hours Min.	IF UNDER 1 YEAR IF UNDER 24 HRS.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Sam Johnson			14. MOTHER'S MAIDEN NAME Sarah Stanley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unk. No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT & ADDRESS Hospital Records	
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
171X IMMEDIATE CAUSE (A) Generalized carcinomatosis					
ANTECEDENT CAUSE(S) DUE TO (B) Carcinoma of the cervix					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) (260x)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus - mild					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION --			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? --	
22. I hereby certify that I attended the deceased from Nov. 30, 1954 , to June 6, 1955 , that I last saw the deceased alive on June 6, 1955 , and that death occurred at 6:50 A.M. from the causes and on the date stated above.					
SIGNATURE Dr. Juerman			ADDRESS (Street, city, town, state) Deer's Head State Hospital Salisbury, Maryland		
			DATE SIGNED 6/6/55		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 8, 1955		NAME OF CEMETERY OR CREMATORIAL Federal Hill Cemetery	
24. REC'D BY REGISTRAR DATE 6-9-55		REGISTRAR'S SIGNATURE Mary W. Holloway		LOCATION (City, town, or county) Federalsburg, Md.	
25. FUNERAL DIRECTOR'S SIGNATURE J. J. Frampton and Son, Federalsburg, Md.					

STATE DEPARTMENT OF HEALTH-PUBLIC HEALTH

CERTIFICATE OF DEATH

1952

CHARLES

AL R. VANCE

HOMECOMING

1952

DECEASED

1952

BUREAU V.

JUN 13 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06031

CERTIFICATE OF DEATH

Reg. Dist. No.

Item 9. Filmg182 6-15-55 et

1. PLACE OF DEATH

COUNTY Wicomico Co
 CITY (If outside corporate limits, write RURAL
OR and give nearest town)
 TOWN Belmont

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD COUNTY Wicomico
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Belmont md

3. NAME OF DECEASED
(Type or Print)(First) James (Middle) O (Last) Cuff**4. DATE OF DEATH** (Month) June (Day) 4 (Year) 19555. SEX M6. COLOR OR RACE White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) Single8. DATE OF BIRTH July 12, 19159. AGE last birthday 39 7 101 yrs.
IF UNDER 1 YEAR
Months 0 Days 0 Hours 0 Min. 010a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) Labor10b. KIND OF BUSINESS
OR INDUSTRY none11. BIRTHPLACE (State or foreign country) Wicomico Co12. CITIZEN OF WHAT
COUNTRY? USA

13. FATHER'S NAME

William Cuff

14. MOTHER'S MAIDEN NAME

Daisy Price15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.) No (If Yes, give war or dates of service)16. SOCIAL SECURITY NO. 270-01-3669

17. INFORMANT & ADDRESS

Daisy Cuff**I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

IMMEDIATE CAUSE Coronary Thrombosis (A) Recent
 ANTECEDENT CAUSE(S) DUE TO Arteria aortica with valvular disease (or rheumatism) (B) Unknown
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. DUE TO Cardio insufficiency and stenosis (C) Unknown

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.**

19a. DATE OF OPERATION - 19b. MAJOR FINDINGS OF OPERATION - 20. AUTOPSY?
YES NO

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, street, office bldg., etc.) - 21c. WHERE DID INJURY OCCUR? (City or town) - (County) - (State) -

21d. TIME OF INJURY (Month) May (Day) 1955 (Year) 1955 21e. INJURY OCCURRED While Not while
M. at work at work 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/1955 to death, 19 55, that I last saw the deceased alive on 6/1/1955, and that death occurred at 10 P.M. from the causes and on the date stated above.

SIGNATURE

ADDRESS (Street, city, town, state) 100 Grove Belmont Del 6/6/55 DATE SIGNED 6/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 6-8-55 NAME OF CEMETERY OR CREMATORIAL Bless Still Parsonsburg MD LOCATION (City, town, or county) Parsonsburg (State) MD

24. REC'D BY REGISTRAR DATE June 10, 1955 REGISTRAR'S SIGNATURE Mary H. Holloway 25. FUNERAL DIRECTOR'S SIGNATURE Becky M. Cuff ADDRESS

BUREAU V. S.

JUN 10 1955

REGELY EG

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 4 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06032

6023

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

COUNTY **Wicomico**
 CITY (If outside corporate limits, write RURAL
OR and give nearest town)
 TOWN **Salisbury**

MARYLAND
 LENGTH OF STAY
(in this place)
1 Wk

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **Maryland** COUNTY **Wicomico**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Fruitland**
 STREET ADDRESS (If rural give location)

**3. NAME OF
DECEASED
(Type or Print)****ANDREW****JEFFERSON****DASHIELL**

4. DATE (Month) (Day) (Year)
6 6 1955

5. SEX**6. COLOR OR
RACE****Male****White****7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)****Widowed****8. DATE OF BIRTH****Feb. 24, 1863****9. AGE last birthday****92****IF UNDER 1 YEAR****Months****IF UNDER 24 HRS.****Days****Hours****Min.****10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)****Farmer****10b. KIND OF BUSINESS
OR INDUSTRY****Farm Owner****11. BIRTHPLACE (State or foreign country)****Maryland****12. CITIZEN OF WHAT
COUNTRY?****U.S.A.****13. FATHER'S NAME****Edward Train Dashiel****14. MOTHER'S MAIDEN NAME****Ellen M. Hurley****15. WAS DECEASED EVER IN U. S. ARMED FORCES?**

(Yes, no, or unk.) (If Yes, give war or dates of service)

No**16. SOCIAL SECURITY NO.****None****17. INFORMANT & ADDRESS****Ed. B. Dashill, Salisbury, Md.****INTERVAL BETWEEN
ONSET AND DEATH****Several years****I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH****IMMEDIATE CAUSE (A)****Chronic myocarditis****ANTECEDENT CAUSE(S) DUE TO****DISEASES OR CONDITIONS, IF ANY, (B)****GIVING RISE TO THE ABOVE CAUSE****STATING UNDERLYING CAUSE LAST. DUE TO****(C)****II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.****19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?**YES NO **21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)****21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)****21c. WHERE DID INJURY OCCUR? (City or town)****(County)****(State)****21d. TIME OF INJURY (Month) (Day) (Year) (Hour)****21e. INJURY OCCURRED
While
at work Not while
at work** **21f. HOW DID INJURY OCCUR?**

M.

SIGNATURE
Edward Train Dashiel

NAME OF CEMETERY OR CREMATORIUM

REGISTRAR'S SIGNATURE

LOCATION (City, town, or county)

(State)

Wicomico Co.

Md.

The Hill & Johnson Co. Salisbury, Md.

DATE THEREOF

6/8/55

Burial

M.D.

ADDRESS

VS A15C 1-55 10M

DATE *June 8, 1955*

Mary J. Holloway

Signature

Mary J. Holloway

ADDRESS

The Hill & Johnson Co. Salisbury, Md.

Norman T. Baker

Signature

06033

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6024

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Wicomico</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Salisbury</u>		MARYLAND LENGTH OF STAY (in this place) <u>58 days</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>82 Peninsula General Hospital</u>		STATE <u>Delaware</u> COUNTY <u>Sussex</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Seaford</u> STREET ADDRESS <u>Old River Road</u>	
3. NAME OF (First) DECEASED: (Type or Print)		4. DATE (Month) OF DEATH: <u>June 20 1955</u>	
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>white</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Never married</u>		8. DATE OF BIRTH: <u>Apr. 11, 1884</u>	
10A. USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired): <u>Book Buyer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Masonry</u>	
13. FATHER'S NAME: <u>John Bleely</u>		11. BIRTHPLACE (State or foreign country): <u>New York</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service): <u>No</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. SOCIAL SECURITY NO. <u>072-09-9012</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Lynch</u>	
17. INFORMANT & ADDRESS: <u>Sue M. Bleely, Blades, Del</u>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.2</u>			
IMMEDIATE CAUSE <u>Degenerative Heart Disease</u>			
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) DUE TO _____			
(B) DUE TO _____			
(C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr. 23, 1955</u> , to <u>Jun. 20, 1955</u> , that I last saw the deceased alive on <u>Jun. 19, 1955</u> , and that death occurred at <u>3:50 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>W. Allen B. Ellis</u> M.D. ADDRESS <u>Salisbury, Md</u> DATE SIGNED <u>6-20-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>6-22-55</u> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <u>Odd Fellows Cemetery Seaford, Del.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>6-21-55</u>		REGISTRAR'S SIGNATURE <u>Mary W. Holloway</u> 24. FUNERAL DIRECTOR ADDRESS <u>W. W. Masterson Funeral Del.</u>	

BUREAU V. S.

JUN 23 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6025

CERTIFICATE OF DEATH

06034

Reg. Dist. No. 332

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	COUNTY mariand Wicomico Salisbury (If rural give location)		
Wicomico Salisbury Peninsula General Hospital	12 82	Salisbury	12 1 620 S Smith Street		
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month) (Day) (Year)
male white			Dise	June 28	1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
male	white		June 28 1955	yrs.	7
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A		
		maryland			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Janet Virginia Brewington			
Elwood Lewis Dise					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			
9					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION		
776X	IMMEDIATE CAUSE (A)	Prematurity -	INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	ANTECEDENT CAUSE(S) DUE TO (B)				
	STATING UNDERLYING CAUSE LAST. DUE TO (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19e. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
M.					
22. I hereby certify that I attended the deceased from alive on.....					
alive on..... 28 1955, and that death occurred at..... 1955, from the causes and on the date stated above.					
SIGNATURE <i>[Signature]</i> ADDRESS [Street, city, town, state] DATE SIGNED					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county)			maryland Salisbury
cremation	6/29/55	Peninsula Funeral Hospital Salisbury			Salisbury
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE			ADDRESS
DATE 10-29-55	Mary W. Holloway	Peninsula Funeral Hospital Salisbury			Salisbury

2065211200

BUREAU Y.

July 1955

REGELVÉD

permitted, it would be difficult.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6026

CERTIFICATE OF DEATH

06035

Reg. Dist. No. 332

Dr. Grans, Fred**1. PLACE OF DEATH**

COUNTY Wicomico
CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN Salisbury

MARYLAND
LENGTH OF STAY
(in this place)

STATE MARYLAND COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Salisbury

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
81 Peninsula General Hospital

STREET
ADDRESS 423 Elizabeth Street

**3. NAME OF
DECEASED
(Type or Print)**(First) Lillie (Middle) MAY(Last) DRISCOLL**4. DATE
OF
DEATH** June 6 1955

S. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 17, 1880</u>	9. AGE last birthday <u>75 yrs.</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 24 HRS. Days <u>19</u>
-----------------	------------------------------	---	--	-------------------------------------	------------------------------------	------------------------------------

10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Snow Hill Maryland</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	--

13. FATHER'S NAMELarry Round**14. MOTHER'S MAIDEN NAME**Edie Richardson, Emily

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.**17. INFORMANT & ADDRESS**Mrs. Arthur Betts, Salisbury, Maryland**I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion
ANTECEDENT CAUSE(S) DUE TO _____
DISEASES OR CONDITIONS, IF ANY, (B) _____
GIVING RISE TO THE ABOVE CAUSE DUE TO _____
STATING UNDERLYING CAUSE LAST. (C) _____

INTERVAL BETWEEN
ONSET AND DEATH**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.****19e. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION**20. AUTOPSY?
YES NO

21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) _____ (County) _____ (State) _____
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. _____	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from 5-31, 1955, to 6-6, 1955, that I last saw the deceased alive on 6-6, 1955, and that death occurred at 7:45 A.M. from the causes and on the date stated above.

SIGNATURE

Frederick R. Grans

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>June 8, 1955</u>	NAME OF CEMETERY OR CREMATORIAL <u>Parsons Cemetery</u>	LOCATION (City, town, or county) <u>Salisbury, Maryland</u> (State) <u>MARYLAND</u>
---	----------------------------------	---	---

24. REC'D BY REGISTRAR DATE <u>June 8, 1955</u>	REGISTRAR'S SIGNATURE <u>Mary J. Holloway, Jr.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HOLLOWAY & COMPANY</u>	ADDRESS <u>SALISBURY MARYLAND</u>
--	--	--	-----------------------------------

STATE DEPARTMENT OF HEALTH-INDIANA

CERTIFICATE OF DEATH

DEATH CERTIFICATE

DEATH

DEATH

DEATH CERTIFICATE

BUREAU V. S

JUN 8 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-S5 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06036

6927 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Wicomico		MARYLAND		STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Salisbury, Md.		Since 2/8/51		TOWN Princess Anne	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital		STREET ADDRESS		(If rural give location) Route #1	
3. NAME OF DECEASED (Type or Print) Earl William Ennis			4. DATE (Month) OF DEATH June 17 1955		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 9, 1891	9. AGE last birthday 63	IF UNDER 1 YEAR Months 8 Days 8 Hours 8 Min. 55
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gilford, Virginia
13. FATHER'S NAME Frank Annis			14. MOTHER'S MAIDEN NAME Mary Thorns		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 229-07-7921		17. INFORMANT & ADDRESS Patient when admitted	
18. MEDICAL CERTIFICATION 420.1 IMMEDIATE CAUSE (A) coronary Thrombosis INTERVAL BETWEEN ANTECEDENT CAUSE(S) DUE TO 18 hrs DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE DUE TO _____ STATING UNDERLYING CAUSE LAST. DUE TO 0028 (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Tuberculosis 4 yrs					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) Salisbury, Md. (State) MD	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> et work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 8, 1951, to June 17, 1951, that I last saw the deceased alive on June 17, 1951, and that death occurred at 11:55PM, from the causes and on the date stated above. SIGNATURE <i>St. Thunder</i> M.D. ADDRESS (Street, city, town, state) Salisbury, Md. DATE SIGNED 6/18/55					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/20/51		NAME OF CEMETERY OR CREMATORIUM Liberty LOCATION (City, town, or county) Parksley (State) VA	
24. REC'D BY REGISTRAR DATE 6-23-63		REGISTRAR'S SIGNATURE Mary W. Holloway		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry M. Johnson VA	

DEPARTMENT OF DEFENSE - COMINT

ATTACH TO STADIS - 1000

REF ID: A65424

REF ID: A65425

FBI
BUREAU

JUN 27 1955

REVIEWED
SEARCHED
INDEXED
SERIALIZED
FILED
FBI - LOS ANGELES

6028

CERTIFICATE OF DEATH

Reg. Dist. No.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AUSC 1-55 10W

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	Wicomico Salisbury At home - 606 A Westover Circle	MARYLAND LENGTH OF STAY (In this place) Most of life	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS 606 A Westover Circle
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) George Washington Games		(Month) 6	(Day) 24
5. SEX Male	6. COLOR OR RACE A.A.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	(Year) 1955 9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months 11 Deys 16 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Lawns & Gardens	11. BIRTHPLACE (State or foreign country) Polks Road, Somerset Co. Md., USA
13. FATHER'S NAME Perry Games		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. No	17. INFORMANT & ADDRESS Salisbury, Md. Mrs. Odessa Ames, 610 Westover Circle	
18. MEDICAL CERTIFICATION			
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 177X IMMEDIATE CAUSE (A) <i>Cerebrovascular Disease</i> ANTECEDENT CAUSE(S) DUE TO <i>Unknown</i> DISEASES OR CONDITIONS, IF ANY, (B) <i>Unknown</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Unknown</i></p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Congestive Heart Disease</i> 3 weeks</p>			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 25, 1955</i> , to <i>June 24, 1955</i> , that I last saw the deceased alive on <i>June 25, 1955</i> , and that death occurred at <i>120 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>J. Herbert Sembley</i> M.D.		ADDRESS (Street, city, town, state) <i>Salisbury Md.</i> DATE SIGNED <i>6/27/55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6-27-55	NAME OF CEMETERY OR CREMATORIAL Green Acres Memorial Park
24. REC'D BY REGISTRAR DATE <i>June 28, 1955</i>		REGISTRAR'S SIGNATURE <i>Mary H. Holloway Jr.</i>	LOCATION (City, town, or county) <i>Salisbury, Wicomico Co. Md.</i> 25. FUNERAL DIRECTOR'S SIGNATURE <i>Mary A. Stewart</i> ADDRESS <i>224 E Church St.</i> <i>Salisbury, Maryland</i>

STATE OF NEW YORK - DEPARTMENT OF HEALTH - EXAMINER OF DEATHS

CERTIFICATE OF DEATH

REG'D JUN 28 1955

SEARCHED INDEXED SERIALIZED FILED

SEARCHED

INDEXED

SERIALIZED

FILED

DEATH CERTIFICATE A-800

DEATH CERTIFICATE A-800 - WITH CA

AGE - 56

SEX - FEMALE

WEIGHT - 115

NAME - MARY JOSEPHINE COLE, BORN - APRIL 10, 1898

ADDRESS

PLACE OF DEATH

DEATH CERTIFICATE A-800

DEATH CERTIFICATE A-800 - WITH CA

BUREAU Y. S.

JUN 28 1955

RECEIVED

SEARCHED INDEXED SERIALIZED FILED

115

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06038

6929

CERTIFICATE OF DEATH

332

Reg. Dist. No. 46

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE Maryland COUNTY Baltimore CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City STREET ADDRESS (If rural give location)	
12 Wicomico Salisbury, Maryland		2 mo. 20 days		3 Voi. 14 605 St. Dunstans Rd.	
3. NAME OF DECEASED (First) Eva (Middle) Mae (Last) Holland			4. DATE OF DEATH (Month) June (Day) 20 (Year) 1955		
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	
8. DATE OF BIRTH June 6, 1888		9. AGE last birthday 67 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk			10b. KIND OF BUSINESS OR INDUSTRY unk		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Clarence Spear			14. MOTHER'S MAIDEN NAME Mary Goslin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) unk (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO. unk		
17. INFORMANT & ADDRESS Hospital Records			18. MEDICAL CERTIFICATION		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443 X IMMEDIATE CAUSE (A) Aspiration Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 10 hr.		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Cerebral Hemorrhage			2 days		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertensive cardiovascular disease			?		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 28, 1955, to June 20, 1955, that I last saw the deceased alive on June 20, 1955, and that death occurred at 8:35P.M. from the causes and on the date stated above. ADDRESS (Street, city, town, state) Salisbury, Maryland DATE SIGNED 6/20/55 SIGNATURE <i>M. McElroy</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6-23-1955		NAME OF CEMETERY OR CREMATORIUM East New Market	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>J. M. M. M.</i>		LOCATION (City, town, or county) (State) East New Market Soc.	
DATE June 21, 1955		Mary H. Holloway		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kenneth L. Thomas Cambury, Md.	

MISSOURI STATE DEPARTMENT OF HEALTH - DIVISION OF

CERTIFICATE OF DEATH

8323

DEATH CERTIFICATE

DEATH CERTIFICATE NO. 8323

NAME
TO
STATE

DEATH CERTIFICATE NO. 8323

BUREAU V. S.

JUN 22 1995

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06039

6030

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Wicomico CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury		MARYLAND LENGTH OF STAY (in this piece) 2 months	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital		STATE Maryland COUNTY Baltimore City CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore STREET ADDRESS 1901 Edmondson Avenue <small>(if rural give location)</small>	
3. NAME OF DECEASED <small>(First) Lillian (Middle) Holloman (Last)</small> <small>(Type or Print)</small>		4. DATE OF DEATH June 21 <small>(Month) (Day) (Year)</small> AGE last birthday 53 <small>yrs. Months Deyys Hours Min.</small>	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12/26/1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Cambridge, Maryland
13. FATHER'S NAME Joseph Carr		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <small>(Yes, no, or unk.)</small> Unk.		16. SOCIAL SECURITY NO. Unknown	
		17. INFORMANT & ADDRESS Hospital Records	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 193X IMMEDIATE CAUSE (A) Glioblastoma multiforme ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Arteriosclerotic cardiovascular disease GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ?			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic cardiovascular disease ?			
19b. DATE OF OPERATION --		19b. MAJOR FINDINGS OF OPERATION --	
20. AUTOPSY? <small>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></small>		(State) 6/21/55	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <small>(IF EITHER, NOTIFY MEDICAL EXAMINER)</small>		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Deer's Head State Hospital	
21c. WHERE DID INJURY OCCUR? (City or town) Salisbury, Maryland		(County) Wicomico Co. Md.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 6-26-55		21e. INJURY OCCURRED While Not while at work at work	
		21f. HOW DID INJURY OCCUR? --	
22. I hereby certify that I attended the deceased from April 20 , 1955 , to June 21 , 1955 , that I last saw the deceased alive on June 21 , 1955 , and that death occurred at 9 A.M. , from the causes and on the date stated above. SIGNATURE V.Juerman, M.D. ADDRESS (Street, city, town, state) Deer's Head State Hospital DATE SIGNED 6/21/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6-26-55	
		NAME OF CEMETERY OR CREMATORIAL Green Acres Memorial Park	
		LOCATION (City, town, or county) Salisbury, Wicomico Co. Md.	
24. RECD BY REGISTRAR June 24, 1955		REGISTRAR'S SIGNATURE Mary J. Holloman	
		25. FUNERAL DIRECTOR'S SIGNATURE Mary J. Stewart	
		ADDRESS 324 E. Church St.	
		TOWN Salisbury, Maryland	

THE UNITED STATES GOVERNMENT - BY
THE SECRETARY OF STATE - WASHINGTON - D. C.

RECEIVED - CERTIFICATE OF DEATH

2025 RELEASE UNDER E.O. 14176

NAME	SEX	AGE	DEATH DATE	DEATH PLACE	CAUSE OF DEATH	DEATH CERTIFICATE NO.
JOHN Q. BROWN	M	55	JUN 24 1955	NEW YORK CITY	HEART DISEASE	123456789
WILLIAM H. SMITH	M	62	JUN 24 1955	LOS ANGELES, CALIFORNIA	HEART DISEASE	123456789
ELIZABETH JONES	F	45	JUN 24 1955	CHICAGO, ILLINOIS	HEART DISEASE	123456789
CHARLES KELLY	M	70	JUN 24 1955	BOSTON, MASSACHUSETTS	HEART DISEASE	123456789

BUREAU V. 2

JUN 24 1955

RECEIVED

2025 RELEASE UNDER E.O. 14176

6931

06040

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:					
COUNTY 12 Wicomico	MARYLAND	STATE Maryland	COUNTY Wicomico					
CITY (If outside corporate limits, write RURAL OR TOWN Salisbury)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury					
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital			STREET ADDRESS 1226 North Division St.			(If rural, give location) 12		
3. NAME OF DECEASED: (Type or Print) ANNA		(First) ANNA	(Middle) SIPLE	(Last) JACKSON	4. DATE OF DEATH JUNE 10 th 1955	(Month) JUNE	(Day) 10	(Year) 1955
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Nov. 29th 1861	9. AGE last birthday: 93	IF UNOER 1 YEAR 93 yrs.	IF UNOER 24 HRS. 6 Months	Hours 11	Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY: At own home	11. BIRTHPLACE (State or foreign country): Greenback West Virginia			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: George W. Siple			14. MOTHER'S MAIDEN NAME: Nannah Warwick					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: 1226		17. INFORMANT & ADDRESS: Mrs. Maude Arbezust (Daughter) 1226 N. Division St., Salisbury, Maryland				
18. MEDICAL CERTIFICATION <i>Lower column - Arterio sclerotic heart disease years</i>								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <i>420.0 Immediate cause (a) DUE TO</i>								
Antecedent cause(s) Diseases or conditions, if any, (b)... giving rise to the above cause DUE TO stating underlying cause last (c)								
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:						
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) Salisbury (County) Maryland		(State) Maryland		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>John L. Siple</i>								
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF Jun. 12, 1955	NAME OF CEMETERY OR CREMATORIAL Parsons Cemetery			LOCATION (City, town, or county) (State) Salisbury, Maryland		
DATE REC'D BY LOCAL REG. 6-10-55		REGISTRAR'S SIGNATURE Mary W. Holloway	24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND					

BUREAU V. S

JUN 13 1955

RECEIVED

6032

06041

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 332

1. PLACE OF DEATH: COUNTY <i>Wicomico</i> STATE <i>Md</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Md</i> COUNTY <i>Wicomico</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Selbyary</i>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <i>Selbyary Md.</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>000</i>		STREET ADDRESS <i>Lake St</i>	
3. NAME OF DECEASED: (Type or Print) <i>Jessie</i>		(First) <i>Jessie</i> (Middle) <i></i> (Last) <i>Jackson</i>	4. DATE OF DEATH <i>6 27 1955</i>
5. SEX: <i>m</i>	6. COLOR OR RACE: <i>col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Single</i>	8. DATE OF BIRTH: <i>15 July 1907</i>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Laborer - none</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i></i>	9. AGE last birthday: <i>48</i> IF UNDER 1 YEAR 47 yrs. Months Days Hours Min.
13. FATHER'S NAME: <i>Lawrence Jackson</i>		14. MOTHER'S MAIDEN NAME: <i>Emma Adams</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i> (If Yes, give war or dates of service) <i>1944-01-0011</i>		16. SOCIAL SECURITY NO.: <i>564-01-6011</i>	17. INFORMANT & ADDRESS: <i>City Police Dept</i>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <i>420.1</i> Immediate cause (a) <i>Coronary occlusion</i> DUE TO <i>Arterio-sclerosis</i>		INTERVAL BETWEEN ONSET & DEATH <i>older year</i>	
Antecedent cause(s) Diseases or conditions, if any, (b) <i></i> giving rise to the above cause DUE TO stating underlying cause last (c) <i></i>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town) <i></i> (County) <i></i> (State) <i></i>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>		21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> SIGNATURE <i>Ende R. Roy</i>			
23. BURIAL OR CREMATION REMOVAL (Specify): <i>Burial</i>		DATE THEREOF <i>6-5-55</i> NAME OF CEMETERY OR CREMATORIUM <i>Fort Valley Cem</i>	LOCATION (City, town, or county) <i>Fort Valley</i> (State) <i>ga.</i>
DATE REC'D BY LOCAL REG. <i>6-30-55</i>		REGISTRAR'S SIGNATURE <i>Mary W. Holloway</i>	24. FUNERAL DIRECTOR <i>Booker M. West</i> ADDRESS <i>Selbyary Md.</i>

RECEIVED

JUL 5 1955

BUREAU V.

1100115-405

Postage and postage paid
Local Mails

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

Reg. Dist.

No. 332

PLACE OF DEATH:		USUAL RESIDENCE (HOME) OF DECEASED:							
COUNTY Wicomico MARYLAND		STATE Maryland COUNTY Wicomico							
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR					
X TOWN Nanticoke		Lifetime		TOWN Jesterville, Md.					
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS							
Nanticoke River		(If rural, give location)							
3. NAME OF DECEASED: (Type or Print)		(First) John	(Middle) Ferdinand	(Last) Jester	4. DATE OF DEATH	(Month) 6	(Day) 25	(Year) 1955	
5. SEX: M		6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 5/25/1895	9. AGE last birthday: 60 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Merchant		10b. KIND OF BUSINESS OR INDUSTRY: Gen. Store	11. BIRTHPLACE (State or foreign country): Jesterville, Md.			12. CITIZEN OF WHA COUNTRY? U.S.			
13. FATHER'S NAME: Wilfred Jester		14. MOTHER'S MAIDEN NAME: Lida Sommers							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give year or dates of service)		16. SOCIAL SECURITY NO.: —							
yes / world war I		17. INFORMANT & ADDRESS: Opal Mary Jester, Jesterville, Md.							
18. MEDICAL CERTIFICATION: 129.8 Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c)		INTERVAL BETWEEN ONSET AND DEATH Sudden							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:									
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:							
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, of street, office, etc., INJURY <input checked="" type="checkbox"/>		21c. CITY OR TOWN Nanticoke		(County) Wicomico			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6 25 55 M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while st work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Found Drowned.		(State) Md			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input checked="" type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> SIGNATURE <i>Carl Roger</i>		CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>		DATE SIGNED 6-25-55					
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE TIME OF 6/26/55		NAME OF CEMETERY OR CREMATORIAL Jesterville Cemetery		LOCATION (City, town, or county) (State) Jesterville, Md.			
DATE REC'D BY LOCAL REG 6-28-55		REGISTRAR'S SIGNATURE Mary W. Holloway		24. FUNERAL DIRECTOR Cornelius L. Jessick, Bienville, Maryland		ADDRESS			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JUN 30 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A1SC 1-55-10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06043

6033

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Wicomico
 CITY (If outside corporate limits, write RURAL
 OR end give nearest town)
 TOWN Salisbury

MARYLAND

LENGTH OF STAY
(In this place)
10 M.S.**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE Maryland COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN SalisburySTREET ADDRESS
(If rural give location)702 Camden Ave.

12

**3. NAME OF
DECEASED
(Type or Print)**JennieConnellyJohnson

S. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 10, 1866</u>	9. AGE last birthday <u>88</u> yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife10b. KIND OF BUSINESS OR INDUSTRY Own Home11. BIRTHPLACE (State or foreign country) Maryland12. CITIZEN OF WHAT COUNTRY? U.S.A.**13. FATHER'S NAME**James Connely**14. MOTHER'S MAIDEN NAME**Emily Humpherys15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none**17. INFORMANT & ADDRESS**Mrs. Rollie Gilliss, Salisbury, Md.INTERVAL BETWEEN
ONSET AND DEATH30 min.**I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**420.1 IMMEDIATE CAUSE (A) CORONARY THROMBOSIS

DUE TO

ANTECEDENT CAUSE(S) (B)
DISEASES OR CONDITIONS, IF ANY, (C)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO

(C)

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.****19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?**YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21c. WHERE DID INJURY OCCUR? (City or town) Salisbury

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1955, to 6-3, 1955, that I last saw the deceased alive on 6-3, 1955, and that death occurred at 1245 P.M. from the causes and on the date stated above.

SIGNATURE

John M. Blafom Jr.

M.D.

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)Burial

DATE THEREOF

6/5/55

NAME OF CEMETERY OR CREMATORIUM

Parsons Cemetery

LOCATION (City, town, county)

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

Mary H. Holloway Jr.

25. FUNERAL DIRECTOR'S SIGNATURE

The Hill & Johnson Co. Salisbury, Md.

ADDRESS

DATE June 6, 1955Norman T. Baker

ST. DOMINIC-HIGHWAY STATE CHARTER

CERTIFICATE OF DEATH

DEATH CERTIFICATE

STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE OF NEW YORK

BUREAU V. S.

JUN 6 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **4 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06044

6034 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		MARYLAND		STATE Maryland		COUNTY Dorchester	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Salisbury		11 days		TOWN Cambridge			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital				STREET ADDRESS 415 High Street (If rural give location) 09-13-2			
3. NAME OF DECEASED (First) Sarah (Middle) Lizzie (Last) Johnson				4. DATE OF DEATH June 25 1955			
5. SEX Female		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH Aug. 3, 1900	
9. AGE last birthday 54 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Josiah Johnson			
14. MOTHER'S MAIDEN NAME Willie Stiles				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unk.			
16. SOCIAL SECURITY NO. Unk.				17. INFORMANT & ADDRESS Hospital records			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>332X</i> IMMEDIATE CAUSE (A) Progressive cerebral thrombosis with paraplegia 2 mo. ?							
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Arteriosclerosis, general ? GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ?							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatic heart disease ?							
19a. DATE OF OPERATION --		19b. MAJOR FINDINGS OF OPERATION --		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) _____ (County) _____		(State) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? --			
22. I hereby certify that I attended the deceased from June 14, 1955, to June 25, 1955, that I last saw the deceased alive on June 25, 1955, and that death occurred at 12:15 PM, from the causes and on the date stated above. SIGNATURE <i>V. Juerman, M.D.</i> ADDRESS (Street, city, town, state) <i>Deer's Head State Hospital</i> DATE SIGNED <i>6/25/55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/29/1955		NAME OF CEMETERY OR CREMATORIUM Bethel Cemetery		LOCATION (City, town, or county) Cambridge, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Mary W. Holloway</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Herbert M. St. Clair, Jr.</i>		ADDRESS Cambridge, Maryland	
DATE <i>June 29, 1955</i>							

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6035 CERTIFICATE OF DEATH

06045

Reg. Dist. No. 332

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>Wicomico</i>	MARYLAND	STATE <i>md</i>	COUNTY <i>Somerset</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Salisbury</i>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <i>Princess Ann</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Limestone General Hospital</i>		STREET ADDRESS <i>18X-2</i>	
3. NAME OF DECEASED: (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH: <i>June 10 - 1955</i>	
SEX: <i>Female</i>	6. COLOR OR RACE: <i>white</i>	7. SINGLE, MARRIED, ✓ WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH: <i>Oct 5-1890</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>C</i>	
13. FATHER'S NAME: <i>John Jones</i>		11. BIRTHPLACE (State or foreign country): <i>Stanford Va</i>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME: <i>on known</i>	
18. MEDICAL CERTIFICATION		17. INFORMANT & ADDRESS: <i>John Jones Princess Anne Co Md</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>332x</i> IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH <i>6 wks</i>	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) DUE TO <i>Central Thrombosis</i> (B) DUE TO <i>Hypertension</i> (C)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		<i>Obesity</i>	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION <i>clerk</i>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5-2-55</i> , to <i>June 10, 1955</i> , that I last saw the deceased alive on <i>June 7, 1955</i> , and that death occurred at <i>8:45 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>G. Herbert Smiley</i> ADDRESS <i>M. D.</i> DATE SIGNED <i>June 13, 1955</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>June 14 1955</i> NAME OF CEMETERY OR CREMATORIUM <i>John Weeks</i> LOCATION (City, town, or county) (State) <i>Princess Anne Co Md</i>	
DATE REC'D BY LOCAL REGISTRAR REGISTRATION <i>6/13/55</i>		REGISTRAR'S SIGNATURE <i>Mary W. Holloway</i> FUNERAL DIRECTOR ADDRESS <i>Charles Howard Marion St. Co Md</i>	
24. FUNERAL DIRECTOR ADDRESS			

BUREAU V.

JUN 15 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06046

6067

CERTIFICATE OF DEATH

Dr. Lee Lawry

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Wicomico		MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL OR end give nearest town) X TOWN Fruitland		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland		(If rural give location)	
HOSPITAL OR INSTITUTION OR 00 STREET ADDRESS		STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) MARY ANNA JONES				4. DATE (Month) (Day) (Year) June 24 th 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb. 9, 1871	9. AGE last birthday 84 yrs.	10. IF UNDER 1 YEAR 4 Months	11. IF UNDER 24 HRS. 15 Days	12. Hours Min.
10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work			10b. KIND OF BUSINESS OR INDUSTRY At own home			11. BIRTHPLACE (State or foreign country) Worcester Co. Maryland	
13. FATHER'S NAME Thomas Trehearne				14. MOTHER'S MAIDEN NAME Caroline Long			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No			16. SOCIAL SECURITY NO.			17. INFORMANT & ADDRESS Mr. Marion Stevenson (Son) R.D. Eden, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 434.1 IMMEDIATE CAUSE (A) Congestive Heart Failure INTERVAL BETWEEN ANTECEDENT CAUSE(S) DUE TO (B) 1 yr. ONSET AND DEATH DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. et work		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> et work <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at....., 19....., from the causes and on the date stated above.							
SIGNATURE <i>Lee Lawry</i> M.D. DATE SIGNED <i>June 25 1955</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jun. 26, 1955		NAME OF CEMETERY OR CREMATORIUM Salem Meth. Church Cemetery		LOCATION (City, town, or county) (State) Pocomoke, Maryland	
24. REG'D BY REGISTRAR DATE <i>June 27, 1955</i>		REGISTRAR'S SIGNATURE <i>Mary H. Holloway</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MARYLAND			

DEPARTMENT OF HEALTH - CALIFORNIA STATE QUARANTINE

CERTIFICATE TO BE HANDED TO TRAVELER

RECEIVED IN CALIFORNIA QUARANTINE

DETROIT

BUREAU Y.

JUN 27 1955

DETROIT

DETROIT

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within ~~24~~ hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06047

6936 CERTIFICATE OF DEATH

Dr. Beardsley

Reg. Dist. No.....

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY <i>12</i>	Wicomico	MARYLAND	STATE <i>Parsonsburg</i>	COUNTY <i>Rural</i>	Wicomico
CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Salisbury</i>		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Pen. Gen. Hospital</i>			STREET ADDRESS <i>R.D.</i>		
3. NAME OF DECEASED (First) <i>CORA</i>			(Middle) <i>ELLEN</i>		
(Last) <i>KELLEY</i>			4. DATE (Month) OF DEATH June 14 th 1955 (Day) (Year)		
S. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 1, 1890</i>	9. AGE last birthday <i>64 yrs.</i>	IF UNDER 1 YEAR <i>11 Months</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>at own home</i>	11. BIRTHPLACE (State or foreign country) <i>R.D. Salisbury Md Wico. Co.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Asbury Hammond</i>			14. MOTHER'S MAIDEN NAME <i>Olevia Ennis</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <i>Mr. Carlos G. Kelley (Husband) R.R. # Parsonsburg, Maryland</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>331X IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)</i>					
18. MEDICAL CERTIFICATION <i>Arterial hypertension essential hypertension degenerative heart disease</i>					
INTERVAL BETWEEN ONSET AND DEATH <i>1 day 1 yr. 1 yr.</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>degenerative heart disease</i>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 25 1955</i> , to <i>June 14, 1955</i> , that I last saw the deceased alive on <i>June 13, 1955</i> , and that death occurred at <i>3:50 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Dr. W. Beardsley</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>June 17, 1955</i>		NAME OF CEMETERY OR CREMATORIUM <i>Hammond Cemetery</i>	
24. REGD BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Mary W. Holloway</i>		LOCATION (City, town, or county) <i>Salisbury</i>	
DATE <i>June 16, 1955</i>				(State) <i>Maryland</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>HOLLOWAY & COMPANY</i>				ADDRESS <i>SALISBURY MARYLAND</i>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06048

6037 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY WICOMICO
CITY (If outside corporate limits, write RURAL
OR end give nearest town)
TOWN SALISBURY

MARYLAND

LENGTH OF STAY
(in this place)
21 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY WICOMICO
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN SALISBURY

12

STREET
ADDRESS

519 Willow STREET**3. NAME OF
DECEASED
(Type or Print)**SAMUELKERNEY**4. DATE
OF
DEATH**JUNE 11 1955**5. SEX**Male**6. COLOR OR
RACE**A.A.**7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)**MARRIED**8. DATE OF BIRTH**8-18-1884**9. AGE last birthday**70 yrs.**10. IF UNDER 1 YEAR**Months**11. IF UNDER 24 HRS.**Days**12. CITIZEN OF WHAT
COUNTRY?**U.S.A.**13. FATHER'S NAME**UNKNOWN**14. MOTHER'S MAIDEN NAME**HANNAH**15. WAS DECEASED EVER IN U. S. ARMED FORCES?**Yes**16. SOCIAL SECURITY NO.**142-14-2615**17. INFORMANT & ADDRESS**Mrs. Clara KerneySalisbury, Md.**18. MEDICAL CERTIFICATION**Convulsive Seizures due toTumorous neoplasmsMild Central AccidentArterio-sclerosisHypertensionUnknown

DEPARTMENT OF JUSTICE - STATE OF MARYLAND

CERTIFICATE OF DEATH

BUREAU U. S.

JUN 15 1965

RECEIVED

INSTRUCTIONS**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **48 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06049

6038 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY 12	Wicomico	MARYLAND	STATE TOWN	Maryland Easton, Maryland	COUNTY Talbot
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Salisbury, Maryland		LENGTH OF STAY (in this place) 1 mo.	CITY (If outside corporate limits, write RURAL end give nearest town) TOWN Easton, Maryland		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital			STREET ADDRESS Plum Street		
3. NAME OF DECEASED (Type or Print) Nellie B. Lambert			4. DATE (Month) (Day) (Year) OF DEATH June 12 1955		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Feb. 17, 1869	9. AGE last birthday 86 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Milton, Del.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME G.W. Burke			14. MOTHER'S MAIDEN NAME Ellen See		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unk.) unk		16. SOCIAL SECURITY NO. unk		17. INFORMANT & ADDRESS Hospital Records	
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443X IMMEDIATE CAUSE (A) Cerebral Hemorrhage INTERVAL BETWEEN ANTECEDENT CAUSE(S) DUE TO unk ONSET AND DEATH 36 Hr. DISEASES OR CONDITIONS, IF ANY, (B) Hypertensive Cardiovascular Disease GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO unk					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 12, 1955, to June 12, 1955, that I last saw the deceased alive on June 12, 1955, and that death occurred at 1:55 P.M. from the causes and on the date stated above. SIGNATURE <i>D. Maldeve</i> M.D. ADDRESS (Street, city, town, state) <i>Salisbury, Maryland</i> DATE SIGNED <i>June 12, 1955</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <i>June 15, 55</i>	NAME OF CEMETERY OR CREMATORIAL <i>Springfield</i>		LOCATION (City, town, or county) <i>Easton</i>
24. REC'D BY REGISTRAR DATE <i>6/15/55</i> <i>6-14-55</i>		REGISTRAR'S SIGNATURE <i>N.H. Deeries</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John Ward</i> <i>Easton, MD</i>	
Mary W. Holloway					

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06050

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Wicomico CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN Salisbury		MARYLAND LENGTH OF STAY (In this place) 4 years	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital		STATE Maryland COUNTY Dorchester CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Federalsburg - River Road	
3. NAME OF DECEASED (Type or Print) MINNIE		(First) (Middle) (Last) MAE LARKIN	
4. DATE OF DEATH 6 11 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 1/20/1869
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housework	
11. BIRTHPLACE (State or foreign country) Butler, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John W. Bortmas		14. MOTHER'S MAIDEN NAME Priscilla C. Fry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unk. No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS Hospital records			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE (A) Coronary occlusion ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Arteriosclerotic heart disease GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile osteoporosis with compression fracture of midthoracic vertebrae			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? - -	
22. I hereby certify that I attended the deceased from Apr. 25, 1951, to June 11, 1955, that I last saw the deceased alive on June 11, 1955, and that death occurred at 6:45A.M. from the causes and on the date stated above. SIGNATURE L.V. Maldve, M.D.; Deer's Head State Hospital M.D. Salisbury, Maryland			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 13, 1955	NAME OF CEMETERY OR CREMATORIUM Hill Crest Cemetery
24. REC'D BY REGISTRAR DATE 6-15-55		REGISTRAR'S SIGNATURE Mary M. Holloway	LOCATION (City, town, or county) Federalsburg, Maryland
		25. FUNERAL DIRECTOR'S SIGNATURE J.J. Frampton and Son, Federalsburg, Md.	

BY DIRECTIVE OF THE STATE DEPARTMENT OF CALIFORNIA

STATE DEPARTMENT

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INSTRUCTIONS

1.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06051

6040 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

COUNTY Wicomico
 CITY (If outside corporate limits, write RURAL
OR end give nearest town)
 TOWN Salisbury

MARYLAND

LENGTH OF STAY
(in this place)6 days

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY WORCESTER

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN GiroletreeSTREET ADDRESS 1401 Amherst Ave, Phila, Pa.

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)Mildred L. Leonard

(First) (Middle) (Last)

4. DATE
OF
DEATH

JUNE 9 1955

5. SEX

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

8. DATE OF BIRTH

9. AGE last birthday

10. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

20. AUTOPSY?

IMMEDIATE CAUSE

ANTECEDENT CAUSE(S)

DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

(A)

(B)

(C)

(D)

(E)

(F)

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 2 & 4, Film G 183, 6-24-55 h

06052

5011

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS (If rural give location)	
Wisconsin Co Md. 12 Salisbury oo		Md. Length of stay (in this place) 7th Salisbury Lane Ave	
3. NAME OF DECEASED (Type or Print) Charles Peter		4. DATE (Month) (Day) (Year) OF DEATH 6 15 55	
5. SEX Male	6. COLOR OR RACE Cae	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Beaver	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) Towson Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		14. MOTHER'S MAIDEN NAME Willow Peters	
(If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS William Peters		18. MEDICAL CERTIFICATION Cerebral Hemorrhage Hypertension	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331 X IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)		INTERVAL BETWEEN ONSET AND DEATH 1 day undetermined	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M.		21f. HOW DID INJURY OCCUR? While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>14 May 1955</u> , to <u>15 June 1955</u> , that I last saw the deceased alive on <u>15 June 1955</u> , and that death occurred at <u>63 M.</u> from the causes and on the date stated above. SIGNATURE <u>Hurnell</u> ADDRESS (Street, city, town, state) <u>652 N main St. Salisbury, MD</u> DATE SIGNED <u>17 June 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 18	
NAME OF CEMETERY OR CREMATORIAL White Haven		LOCATION (City, town, or county) White Haven Md	
24. REC'D BY REGISTRAR Mary W. Holloway		25. FUNERAL DIRECTOR'S SIGNATURE Booster Board	
DATE <u>June 21, 1955</u>		ADDRESS	

DEPARTMENT OF HEALTH-ECONOMIC DEVELOPMENT

STATE GOVERNMENT OF KERALA

RECEIVED

JUN 21 1955

RECEIVED

BUREAU X

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06053

6942 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Wicomico		MARYLAND	STATE Maryland		COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown		17 X - 2
TOWN Salisbury		7 months	STREET ADDRESS		(If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital					
3. NAME OF DECEASED (First) Francis (Middle) Nathan			4. DATE OF DEATH (Month) (Day) (Year) Pinder 6 6 1955		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 12/14/1921	9. AGE last birthday 33 yrs.	IF UNDER 1 YEAR Months Deyrs Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown			10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Queenstown, Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Pinder			14. MOTHER'S MAIDEN NAME Emma Anthony		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 218-16-6253		17. INFORMANT & ADDRESS Hospital Records	
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>332X</i> IMMEDIATE CAUSE (A) Cerebral thrombosis - Post operative 12 hours ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Parkinson's disease 21 years					
19a. DATE OF OPERATION 2/8/55 ?		19b. MAJOR FINDINGS OF OPERATION See University of Md. report		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) -- --	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -- M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? --	
22. I hereby certify that I attended the deceased from Nov. 3, 1954, to June 6, 1955, that I last saw the deceased alive on June 6, 1955, and that death occurred at 4:00 AM, from the causes and on the date stated above. SIGNATURE <i>A. Juerman</i> ADDRESS (Street, city, town, state) <i>V. Juerman, M.D. Deer's Head State hospital M.D. Salisbury, Maryland</i> DATE SIGNED 6/6/55					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 8, 1955	NAME OF CEMETERY OR CREMATORIUM Chertfield Cemetery	LOCATION (City, town, or county) (State) Centerville, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Mary J. Hallways</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>George A. Hallways, Burton Bros, Centerville, Maryland</i>		
DATE June 7-55					

BUREAU V. S.

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JUN 19

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06054

6043 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATHCOUNTY **Wicomico**CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN **Salisbury**

MARYLAND

LENGTH OF STAY
(In this place)**3 mos.**HOSPITAL OR
INSTITUTION OR
STREET ADDRESS**SPRING Hill - Pvt. San.****3. NAME OF
DECEASED**
(Type or Print)(First) **Lillie**(Middle) **May**(Last) **Pruitt****5. SEX****F** 6. COLOR OR
RACE **W**10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) **Housewife****13. FATHER'S NAME****Burton Booth**15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.) **No** (If Yes, give war or dates of service)**16. SOCIAL SECURITY NO.****None****I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH****331X** IMMEDIATE CAUSE **(A)**

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, **(B)**

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

11. MOTHER'S MARRIED NAME

17. INFORMANT & ADDRESS

Virginia **U.S.A.****5 Phenix Sharpley****Ernest R Jones Chincoteague**INTERVAL BETWEEN
ONSET AND DEATH**18. MEDICAL CERTIFICATION****Cerebral hemorrhage.****19e. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY?

YES NO 21e. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from **3/15**, 19**55** to **6/13**, 19**55**, that I last saw the deceasedalive on **6/13**, 19**55**, and that death occurred at **9:28 AM**, from the causes and on the date stated above.

SIGNATURE

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)**Burial**

DATE THEREOF

6/15/55

NAME OF CEMETERY OR CREMATORIUM

Downings

LOCATION (City, town, or county)

Oak Hall

(State)

24. REC'D BY REGISTRAR

Mary W Holloway

REGISTRAR'S SIGNATURE

Walter M Clark

25. FUNERAL DIRECTOR'S SIGNATURE

Chincoteague Va

ADDRESS

DATE **6-16-55**

DEPARTMENT OF JUSTICE - BUREAU OF INVESTIGATION
BUREAU OF INVESTIGATION - BALTIMORE

CERTIFICATE OF DEATH

RECEIVED
FBI - BALTIMORE
JUN 20 1955
SEARCHED
INDEXED
SERIALIZED
FILED
BUREAU V. S.

JUN 20 1955

RECEIVED

6944

06055

Reg. Dist.

tem 18 Film G100 7-8-59 a.m. tem 21 Film G100 9-13-59 a.m.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332.....

1. PLACE OF DEATH:

COUNTY Wicomico

MARYLAND

CITY (If outside corporate limits, write RURAL
OR
TOWN Salisbury)LENGTH OF STAY
(in this place)
3 daysHOSPITAL OR
INSTITUTION OR
STREET ADDRESSPeninsula general, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MdCOUNTY WorcesterCITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Rural - Pocomoke CitySTREET
ADDRESSBeverly area.

(If rural, give location)

23X-2

3. NAME OF
DECEASED:
(Type or Print)Donald

(Middle)

(Last)

Reuel

5. SEX:

M6. COLOR OR
RACE:Nigro7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):SINGLE

8. DATE OF BIRTH:

Feb 10 1949

9. AGE last birthday:

6IF UNDER 1 YEAR
yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): NONE10b. KIND OF BUSINESS OR
INDUSTRY: None11. BIRTHPLACE (State or foreign country): Maryland12. CITIZEN OF WHAT
COUNTRY: USA

13. FATHER'S NAME:

Willie Reuel

14. MOTHER'S MAIDEN NAME:

Levola Marshall15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) No16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS:

Willie Reuel Pocomoke City, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

880.0

Immediate cause

(a) DUE TO

Bronchial pneumoniaINTERVAL BETWEEN
ONSET AND DEATH

24 hours

Antecedent cause(s)

Diseases or conditions, if any, (b)....

giving rise to the above cause DUE TO
stating underlying cause lastPoisoning accidental

30 hours

(c)

Ingestion of ethyl alcohol & brake fluid

30 hours

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.)
INJURY yard of home21e. INJURY OCCURRED
While at Not while
M. work at work 21c. (City or town) Pocomoke City, rural

(County)

(State)

Md.

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

Donald Reuel Jr.CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

June 12 55.

23. BURIAL, CREMATION,
REMOVAL (Specify): BurialDATE REC'D BY LOCAL
REG. # 6-17-55DATE THEREOF 6-19-55NAME OF CEMETERY OR CREMATORIAL Ward lawnLOCATION (City, town, or county) Pocomoke, Md.

(State)

REG. #

REG. #</div

BUREAU Y. S.

JUN 20 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06056

6745

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN SALISBURYLENGTH OF STAY
(In this place)

17 days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS82 Peninsula General Hospital3. NAME OF
DECEASED:
(Type or Print)(First) HERMAN

(Middle)

(Last)

ROSE

5. SEX:

MALE WHITE6. COLOR OR
RACE:7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify) MARRIED

8. DATE OF BIRTH:

Sept 24 1888

9. AGE last birthday

66
yrs.

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired):Plumber10B. KIND OF BUSINESS
OR INDUSTRY:Plumbing

13. FATHER'S NAME:

Peter Rosenthal18. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) No

16. SOCIAL SECURITY NO.

15. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

IMMEDIATE CAUSE

(A)
DUE TOHepatic coma

ANTECEDENT CAUSE (B)

(B)
DUE TOTerenelyid abdominal carcinoma ab sineDISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(C)

Carcinoma of pancreas.INTERVAL BETWEEN
ONSET AND DEATHII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

Terenelyid abdominal carcinoma ab sine20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from , 19....., to , 19....., that I last saw the deceased
alive on , 19....., and that death occurred at 1:05 AM, from the causes and on the date stated above.
SIGNATURE Werner H. Fisher ADDRESS Salisbury Md. DATE SIGNED 6-12-3323. BURIAL, CREMATION,
REMOVAL (SPECIFY)DATE THEREOF
6-14-55NAME OF CEMETERY OR CREMATORIAL
Blades CemeteryLOCATION (City, town, or county)
(State)
Blades, Del.DATE REC'D BY LOCAL
REGISTRAR 0-13-35REGISTRAR'S SIGNATURE
Mary W. Holloway24. FUNERAL DIRECTOR
ADDRESSWatson Funeral Home, Seaford, Del.

BUREAU V. S.

JUN 15 1955

RECEIVED

TO ATTENDING PHYSICIAN **HOSPITAL:** The law requires that the death certificate be executed within 48 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6068

CERTIFICATE OF DEATH

06057

332

Reg. Dist. No.

Dr. Royer, Earl

1. PLACE OF DEATH

Wicomico

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

X TOWN Lebron

LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Lillian St

2. USUAL RESIDENCE (HOME) OF DECEASED

Maryland

COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town)

X TOWN Salisbury

STREET ADDRESS
(If rural give location)

R.D. # 2

**3. NAME OF
DECEASED**
(Type or Print)

JOHN

BAGWELL

SAVAGE

**4. DATE (Month)
OF DEATH JUNE 5
(Day) (Year)
19 55****5. SEX**

Male White

6. COLOR OR
RACE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) Married**8. DATE OF BIRTH**

June 16, 1870

9. AGE last birthday

84 yrs.

IF UNDER 1 YEAR
Months 11 Days 29 Hours Min.10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)

Retired Farmer

**10b. KIND OF BUSINESS
OR INDUSTRY**

Farming

11. BIRTHPLACE (State or foreign country)

Accomac Co. Virginia

12. CITIZEN OF WHAT
COUNTRY? USA**13. FATHER'S NAME**

Edward Savage

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

Unk

16. SOCIAL SECURITY NO.**17. INFORMANT & ADDRESS**Mrs. Roxie E. Savage (Wife) R.D. # 2
Salisbury, Maryland**I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

422.1 IMMEDIATE CAUSE (A)

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

Bronchopneumonia
Arterio-sclerotic cardio-
vascular diseaseINTERVAL BETWEEN
ONSET AND DEATH

2 days

years

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.****19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)**21c. WHERE DID INJURY OCCUR? (City or town)**

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
M. at work Not while
at work **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from

alive on June 7, 1955, and that death occurred 10:40 A.M. from the causes and on the date stated above.

SIGNATURE

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)**DATE THEREOF****NAME OF CEMETERY OR CREMATORIUM****LOCATION (City, town, or county)**

(State)

Burial

June 7, 1955

Ralph Hill Cemetery

R.D. # Laurel, Delaware

ADDRESS

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE June 8, 1955

Mary H. Holloway, Jr.

HOLLOWAY & COMPANY SALISBURY MARYLAND

BY REOMITIA-NIA TO THE STATE OF MASSACHUSETTS

CERTIFICATE OF DEATH 2003

DEATH CERTIFICATE

REGISTRATION NUMBER

STATE

NAME

SEX

RELATIONSHIP

STATEMENT

STATEMENT

STATEMENT

STATEMENT

DEATH DATE

AGE

AGE AT DEATH

AGE AT DEATH

AGE AT DEATH

AGE AT DEATH

STATEMENT

STATEMENT

BUREAU Y. S.

JUN 8 1995

RECEIVED

MANHATTAN DISTRICT ATTORNEY'S OFFICE

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06058

6746

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Wicomico
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN Salisbury

MARYLAND
 LENGTH OF STAY
 (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY Wicomico
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Delmar

STREET ADDRESS 105 Pine St**3. NAME OF
DECEASED
(Type or Print)**Jennie

(Middle)

(Last)

**4. DATE (Month)
OF
DEATH**June 26 19555. SEX FEMALE 6. COLOR OR RACE White10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home13. FATHER'S NAME John Elliott15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)16. SOCIAL SECURITY NO. None17. INFORMANT & ADDRESS R. J. Short, Delmar Del12. CITIZEN OF WHAT COUNTRY? USA

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Artery OcclusionANTECEDENT CAUSE(S) DUE TO Coronary Artherosclerosis

DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO Pulmonary Embolus

(C)

INTERVAL BETWEEN
ONSET AND DEATH 7 daysII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Pulmonary Embolus

3 days

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

M.

STATE OF HAWAII - DEPARTMENT OF HEALTH - CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

AMERICAN AIRLINES

DECEASED PERSON'S NAME AND ADDRESS

AMERICAN AIRLINES

NAME AND ADDRESS

DEATH DATE

TIME OF DEATH

CAUSE OF DEATH

DEATH PLACE

DEATH NUMBER

BUREAU Y. S.

JUN 29 1955

RECEIVED

6969

06059

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 332

1. PLACE OF DEATH:

COUNTY	Wicomico	MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)
TOWN	Mardela Springs - Rural	16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Near Salisbury Road (Route 50)	

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	COUNTY	Wicomico
CITY (If outside corporate limits write RURAL and give nearest town)		OR	
TOWN	Mardela Springs		X
STREET ADDRESS	(If rural, give location)		

3. NAME OF
DECEASED:
(Type or Print)

(First) John Isaac

(Last) Simpson Jr.

4. DATE
OF
DEATH June 15 19555. SEX:
Male6. COLOR OR
RACE:
Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): Married8. DATE OF BIRTH:
May 30, 19359. AGE last birthday:
20 yrs.IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Car Washer10b. KIND OF BUSINESS OR
INDUSTRY: Wicomico Garage11. BIRTHPLACE (State or foreign country):
Caroline County, Maryland12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

John H. Simpson

14. MOTHER'S MAIDEN NAME:

Helen M. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service)
No

16. SOCIAL SECURITY NO.: 218-34-9163

17. INFORMANT & ADDRESS:

Ella May Simpson, Mardela Springs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

981X
Immediate cause

(a) DUE TO

Bullet wound of brain -

INTERVAL BETWEEN
ONSET AND DEATH

Sudden

Antecedent cause(s)

Diseases or conditions, if any, (b).....
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING CAUSE OF DEATH.21d. TIME (Month) (Year) (Hour)
OF INJURY 6 15 55 85 M.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY *H*)21e. INJURY OCCURRED
While at Not while
work at work 21c. (City or town)
Mardela (County)
*Wicomico*21f. HOW DID INJURY OCCUR?
Argument & fight -

(State)

*MD*22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .SIGNATURE *Earl L. Bryan*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.DATE SIGNED
*6-18-55*23. BURIAL, CREMATION,
REMOVAL (Specify):
BurialDATE REC'D BY LOCAL
REG. *June 19, 1955*

6-23-58-

DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
June 19, 1955 Green Acres Cemetery *Salisbury, Maryland*

REGISTRAR'S SIGNATURE

Mary W. Holloway

24. FUNERAL DIRECTOR

ADDRESS
J.J. Frempton and Son, Federalsburg, Md.

BUREAU V.

JUN 27 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06060

6047

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY 12 Wicomico		MARYLAND		STATE Maryland		COUNTY Cecil				
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury, Maryland		LENGTH OF STAY (In this place) 1 yr. 6 mo.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Perryville, Maryland		(If rural give location) 07X-2				
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital				STREET ADDRESS unk						
3. NAME OF DECEASED (First) Norma (Middle) Murphy (Last) Singleton				4. DATE (Month) (Day) (Year) DEATH June 11 1955						
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 16, 1892	9. AGE last birthday 62 yrs.	IF UNDER 1 YEAR Months 0		IF UNDER 24 HRS. Days 0	Hours 0	Min. 0	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				11. BIRTHPLACE (State or foreign country) Newark, Del.				12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Murphy				14. MOTHER'S MAIDEN NAME Florence Ryan						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) unk				16. SOCIAL SECURITY NO. unk				17. INFORMANT & ADDRESS Hospital Records		
18. MEDICAL CERTIFICATION										
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 446X IMMEDIATE CAUSE (A) Uremia ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Inter-capillary glom. sclerosis GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 260X (C) Arteriosclerosis gen.										
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Dec. 14, 1953 , to June 11, 1955 , that I last saw the deceased alive on June 11, 1955 , and that death occurred at 5:20 P.M. from the causes and on the date stated above.										
SIGNATURE <i>J. Melcher</i> ADDRESS (Street, city, town, state) Salisbury, Maryland DATE SIGNED June 12, 1955										
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/14/55		NAME OF CEMETERY OR CREMATORIUM Asbury Cemetery		LOCATION (City, town, or county) Port Deposit, Md. Rural				
24. REC'D BY REGISTRAR DATE 6-13-55		REGISTRAR'S SIGNATURE Mary W Holloway		25. FUNERAL DIRECTOR'S SIGNATURE Kira Patterson		ADDRESS Perryville, Md.				

CERTIFICATE OF DEATH

BUREAU V. S.

卷之三

PLANEVIEW

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

6748

06061

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

No. 332

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY Wicomico

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN SalisburyLENGTH OF STAY
(in this place)
3 daysHOSPITAL OR
INSTITUTION OR
STREET ADDRESS Peninsula Gen. Hospital3. NAME OF
(First) (Middle) (Last)
DECEASED: Cornelia Francis Smith

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Wicomico

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN SalisburySTREET
ADDRESS RFD # 2
(If rural, give location)4. DATE (Month) (Day) (Year)
OF DEATH June 18, 19555. SEX: 6. COLOR OR
RACE: 7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) Widowed 8. DATE OF BIRTH:
9. AGE last birthday: IF UNDER 1 YEAR
yrs. Months Days Hours Min.
Female White 9-8-1868 8610a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): At Home 10b. KIND OF BUSINESS OR
INDUSTRY: Home 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
COUNTRY?
Wicomico County, Md. USA

13. FATHER'S NAME:

Daniel Hounds

14. MOTHER'S MAIDEN NAME:

Rachael Hearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unk.) (If Yes, give war or dates of
service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS:

Walter Smith, Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
544.1 Immediate cause

(a) DUE TO

Aspiration of Sputum
with Sputum InfectionINTERVAL BETWEEN
ONSET AND DEATH
shorter

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last(b) DUE TO
(c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Fracture of left hip.

5 days

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
of street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

Salisbury, Maryland

Del.

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY 6 13 55 M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

Fall to floor

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause
SIGNATURECHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
6-20-5523. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
REMOVAL (Specify): 6-21-1955 Parsons Cemetery Salisbury, Md.DATE REC'D BY LOCAL REG. 8-20-55 REGISTRAR'S SIGNATURE ADDRESS
Mary W. Holloway 97.8. Maryland Co. Delmar, Md.

BUREAU V. S.
REGULATED

JUN 22 1955

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06062

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY TOWN	Wicomico (If outside corporate limits, write RURAL and give nearest town) Salisbury	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS	6 Days		COUNTY Wicomico (If outside corporate limits, write RURAL and give nearest town) Salisbury
3. NAME OF DECEASED (First) (Middle) (Last)		705 Benton St., SPRING	
GARDINER		4. DATE OF DEATH 6 21 19 55	
S. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Feb. 16, 1860
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if Doctor of Medicine		10b. KIND OF BUSINESS OR INDUSTRY General Practice	9. AGE last birthday 95 yrs. IF UNDER 1 YEAR Months Deys Hours Min.
13. FATHER'S NAME Samuel Spring		11. BIRTHPLACE (State or foreign country) New York	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	12. CITIZEN OF WHAT COUNTRY? U.S.A.
17. INFORMANT & ADDRESS Mrs. Francis H. Dryden, Same		14. MOTHER'S MAIDEN NAME Unknown	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE (A) <i>Autiovascularis</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from , 19 55, to , 19 55, that I last saw the deceased alive on , 19 55, and that death occurred at 3:13 AM, from the causes and on the date stated above.			
SIGNATURE <i>Fred P. Greene</i>		M.D. <i>Salisbury, Md.</i>	
DATE THEREOF Burial 24. REC'D BY REGISTRAR DATE		NAME OF CEMETERY OR CREMATORIAL Parsons Cemetery REGISTRAR'S SIGNATURE Mary W. Holloway The Hill & Johnson Co. Salisbury, Maryland	
		LOCATION (City, town, or county) Salisbury, Maryland ADDRESS Norman T. Baker	
25. FUNERAL DIRECTOR'S SIGNATURE			

BY DIRECTIVE OF THE SECRETARY OF STATE - CABLEGRAM

CERTIFICATE OF DEATH

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BUREAU U. S.

JUN 24 1955

RECEIVED

3:30

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06063

6050 CERTIFICATE OF DEATH

Reg. Dist. No.....

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN		Wicomico MARYLAND Length of Stay (in this place) Since 6/7/55		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		Maryland COUNTY Somerset Crisfield, Maryland (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 05		Pine Bluff State Hospital Salisbury, Md.		STREET ADDRESS		616 W. Main Street 1939-2	
3. NAME OF DECEASED (First) Novella (Middle) Helen (Last) Swift				4. DATE (Month) (Day) (Year) OF DEATH June 16 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 6, 1900	9. AGE last birthday 54 yrs.	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kingston, Md.	IF UNDER 1 YEAR Months 11 Days 10 Hours 55 Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Louis W. Powell				14. MOTHER'S MAIDEN NAME Sallie Powell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO. None			
17. INFORMANT & ADDRESS Patient when admitted				18. MEDICAL CERTIFICATION <i>Pulmonary Tuberculosis</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 002x IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				INTERVAL BETWEEN ONSET AND DEATH 13yr			
(A) DUE TO (B) _____ (C) _____							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) Salisbury, Md.		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 7, 1955, to June 16, 1955, that I last saw the deceased alive on June 16, 1955, and that death occurred at 11 a.M., from the causes and on the date stated above. SIGNATURE <i>S. H. Hunter</i> M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 19, 1955		NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery		LOCATION (City, town, or county) Crisfield, Md.	
24. REC'D BY REGISTRAR DATE June 24, 1955		REGISTRAR'S SIGNATURE <i>Mary J. Hollingsworth</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & Sons-Crisfield, Md.			

DEPARTMENT OF DEFENSE - MEXICO CITY

CERTIFICATE OF DATA

104-4602-200

DATA
FILE NUMBER

104-4602-200

DATA
FILE NUMBER

DATA
FILE NUMBER

DATA
FILE NUMBER

BUREAU V. S.

JUN 24 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06064

6051

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Wicomico MARYLAND		STATE Maryland COUNTY Baltimore	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Salisbury, Maryland LENGTH OF STAY (in this place) 2 mo. 26 days		TOWN Baltimore, Maryland STREET ADDRESS (If rural give location) 2203 Sparrows Point Road	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital			
3. NAME OF DECEASED (Type or Print) William B. Thurston		4. DATE OF DEATH June 26 1955	
S. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH June 27, 1909
9. AGE less birthday 45 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk	10b. KIND OF BUSINESS OR INDUSTRY unk	11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Edward W. Thurston		14. MOTHER'S MAIDEN NAME Lilla Haney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. unk	
17. INFORMANT & ADDRESS Hospital Records		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 191X IMMEDIATE CAUSE (A) Generalized carcinomatosis INTERVAL BETWEEN ANTECEDENT CAUSE(S) DUE TO ? DISEASES OR CONDITIONS, IF ANY, (B) Squamous cell Ca. of lower lip GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 3 yr. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar. 31, 1955, to June 26, 1955, that I last saw the deceased alive on June 26, 1955, and that death occurred at 7:50 P.M. from the causes and on the date stated above. SIGNATURE <i>J. W. Kelley</i> ADDRESS (Street, city, town, state) <i>Salisbury, Maryland</i> DATE SIGNED <i>6/27/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF / NAME OF CEMETERY OR CREMATORIUM June 29, 1955 Oaklawn Cemetery	
24. REC'D BY REGISTRAR DATE <i>June 28, 1955</i>		REGISTRAR'S SIGNATURE <i>Mary N. Holloway</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		ULLRICH FUNERAL HOME 4210 Belair Rd-Balto.	

BUREAU

JUN 28 1955

THE GENEVA

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 4 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

INSTRUCTIONS**MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**

06065

6952

CERTIFICATE OF DEATH

Reg. Dist. No.....

Dr. Royer

1. PLACE OF DEATH

COUNTY <input checked="" type="checkbox"/> CITY (If outside corporate limits, write RURAL OR and give nearest town)	Wicomico	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland	COUNTY Wicomico
TOWN <input checked="" type="checkbox"/> Salisbury			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <input checked="" type="checkbox"/> R.D. # 5 Pemberton Drive			STREET ADDRESS <input checked="" type="checkbox"/> R.D. # 5 Pemberton Drive	

**3. NAME OF
DECEASED
(Type or Print)**

MANOLIA

ELIZABETH

TRADER

5. SEX
 Female6. COLOR OR
RACE
 White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)
 Widowed8. DATE OF BIRTH
 Nov. 21, 18739. AGE last birthday
 81 yrs.4. DATE
OF
DEATH
 JUNE 18 1955IF UNDER 1 YEAR
Months 6 Days 27 Hours Min.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)
 House Work10b. KIND OF BUSINESS
OR INDUSTRY
 at Home11. BIRTHPLACE (State or foreign country)
 Quantico, Md. Wico. Co.12. CITIZEN OF WHAT
COUNTRY?
 USA

13. FATHER'S NAME

James Thomas Byrd

14. MOTHER'S MAIDEN NAME

Mary Jane Cooper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)
 No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Mr. William T. Trader (Son) Parsons Rd
Salisbury, Maryland

18. MEDICAL CERTIFICATION

420.0 IMMEDIATE CAUSE

(A)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH
 suddenANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO

(C)

Anterior - Subacute heart Disease year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
M. While at work Not while at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

alive on June 19, 1955, to June 19, 1955, that I last saw the deceased
and that death occurred at 3 P.M. from the causes and on the date stated above.

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

Burial

June 21, 1955

Quantico Cemetery

Quantico, Maryland

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

MOLLOWAY & COMPANY SALISBURY MARYLAND

BY PROMISES-MADE TO THEM BY STATE GOVERNMENT

CERTIFICATE OF DEATH

and

the above-named deceased

deceased died at

on the

at the age of

of the year

of the year

deceased died at

deceased died at

at about

RELEASE

RETRIBUTION

AIRPORT

to

to

to

about

to

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about

about

and, also Good

and, also Day

and (not to be written in) (not to be written in)

or

BUREAU X.

JUN 21 1955

RECEIVED

CHIEF OF POLICE - YAMALON

6953

06066

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

COUNTY	Wicomico	MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)		LENGTH OF STAY (In this place)
Salisbury		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	D.O.A. at Pen. Gen. Hospital	

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE	Maryland	COUNTY	Wicomico
CITY (If outside corporate limits write RURAL and give nearest town)	OR TOWN	Salisbury	Rural
STREET ADDRESS		(If rural, give location)	
		R.D. # 2 Spring Hill Rd	

3. NAME OF DECEASED:
(Type or Print)

(First)	(Middle)	(Last)
ROBY	RALPH	TWILLEY

4. DATE OF DEATH	(Month)	(Day)	(Year)
June	19	th	19 55

5. SEX:

Male

White

6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
White	Married	Jan. 2, 1920

9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.
35 yrs.	Months	Days
	5	17
	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if not now):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY:

13. FATHER'S NAME:

Paul H. Twilley

14. MOTHER'S MAIDEN NAME:

Helen Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

Yes W.W. II

Mrs. Ruth T. Twilley (Wife) R.D. #2 Spring Hill Rd. Salisbury, Maryland

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

823 X

Immediate cause

(a)
DUE TO

Fracture of skull

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating underlying cause last(b)
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?
Yes No 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY *Abelline Rd.*)

21c. (City or town) (County)

(State)

Wicomico 22nd

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY 6 15 55 10 AM.21e. INJURY OCCURRED While at Not while work at work

21f. HOW DID INJURY OCCUR?

Auto ran off Rd. + struck Edward

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

June 20 1955

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

Burial
DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

6 20 55
Mary W. Holloway

HOLLOWAY & COMPANY

SALISBURY MARYLAND

SEARCHED..... INDEXED..... SERIALIZED..... FILED.....

BUREAU V.

JUN 22 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06067

6954

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND
 CITY (If outside corporate limits, write RURAL
OR and give nearest town)
 TOWN Salisbury LENGTH OF STAY
(in this place) 15 Days

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS 82 Peninsula General Hospital

3. NAME OF (First) (Middle) (Last)
DECEASED: Roswell Slicer Wakeman
(Type or Print)

5. SEX: Male 6. COLOR OR RACE: White 7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify):

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Maintenance 10B. KIND OF BUSINESS OR INDUSTRY: In Port Co.

13. FATHER'S NAME: Charles Wakeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 221-09-5901

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

190X IMMEDIATE CAUSE Melano sarcoma, metastatic extension
(A) DUE TO

ANTECEDENT CAUSE (S)
(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While Not while
OF INJURY at work at work

M.

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/91, 1955, to 6/3/55, 1955, that I last saw the deceased

alive on 6/2/55, 1955, and that death occurred at 4:45 PM, from the causes and on the date stated above.

SIGNATURE Wm. Allen R. Ellis Jr. ADDRESS DATE SIGNED 6-3-55

M.D. Wm. Allen R. Ellis Jr. ADDRESS Seaford, Del. 6-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)

BURIAL June 6, 1955 ODD FELLOWS CEMETERY SEAFORD, DELAWARE

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

REGISTRAR 6-3-55 ADDRESS Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Seaford Watson Jr. Seaford, Del.



BUREAU V. S.

JUN 6 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6955

06068

CERTIFICATE OF DEATH

Reg. Dist. No. 337

Dr. Sohler

1. PLACE OF DEATHCOUNTY **Wicomico**CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN **Salisbury**

MARYLAND

LENGTH OF STAY
(In this place)**2. USUAL RESIDENCE (HOME) OF DECEASED**STATE **Maryland**

COUNTY

Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN **Salisbury**STREET
ADDRESS

(If rural give location)

913 East Church St.HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
Pen. Gen. Hospital**3. NAME OF
DECEASED**
(Type or Print)**HELEN****FOUNTAIN****WALLER**5. SEX **Female**6. COLOR OR
RACE **White**7. SINGLE (MARRIED,
WIDOWED, DIVORCED,
(Specify)) **MARRIED**8. DATE OF BIRTH
Aug 15, 18789. AGE last birthday
76
yrs.10. IF UNDER 1 YEAR
Months **19** Dey. **55**
Hours **00** Min. **00**10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) **Baking**10b. KIND OF BUSINESS
OR INDUSTRY **Pie & Cake**11. BIRTHPLACE (State or foreign country)
Cambridge Maryland12. CITIZEN OF WHAT
COUNTRY? **USA**

13. FATHER'S NAME

Operated own business14. MOTHER'S MAIDEN NAME
Mae15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.) **No** (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS
**Mr. Calvert J. Waller (Husband) 913 East
Church St. Salisbury, Maryland****I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**420.1 IMMEDIATE CAUSE **(A)****myocardial infarct**INTERVAL BETWEEN
ONSET AND DEATH**1 hour**ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO
(C)**coronary occlusion****1 hour****coronary arteriosclerosis****3 years****II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO **IX**

(State)

21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from.....

1951, to **June 9, 1955**alive on **June 2, 1955**, and that death occurred at **4:30 P.M.** from the causes and on the date stated above.

ADDRESS (Street, city, town, state)

DATE SIGNED

SIGNATURE

R. Sohler

M.D.

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial**June 12, 1955****Cambridge Md. Cemetery****Cambridge, Maryland**

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE **June 13, 1955***Mary W. Holloway***MOLLOWAY & COMPANY****SALISBURY MARYLAND**

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A150-155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06069

6056 CERTIFICATE OF DEATH

Reg. Dist. No.....

Dr. Beardsley - Salisbury, Md.

1. PLACE OF DEATH

COUNTY Wicomico
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN Salisbury

MARYLAND
 LENGTH OF STAY
 (In this place)

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Wicomico
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Salisbury

STREET ADDRESS 935 N. Salisbury Blvd.

12

**3. NAME OF
DECEASED**
(Type or Print)(First) Betha (Middle) Welch (Last)SEX Female COLOR OR RACE white10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work**13. FATHER'S NAME**Edward Ellison15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO YES UNK. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH Sept. 14, 1881 9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Deys Hours Min.4. DATE
OF
DEATH June 27, 195512. CITIZEN OF WHAT COUNTRY? USA14. MOTHER'S MAIDEN NAME Elizabeth Legates17. INFORMANT & ADDRESS Mrs. Elizabeth Phippin (Daughter) 935 N. Salisbury Blvd., Salisbury, Maryland**I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**331X

IMMEDIATE CAUSE

(A)

Cerebral hemorrhageINTERVAL BETWEEN
ONSET AND DEATH1 weekANTECEDENT CAUSE(S)
DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

(C)

arterial hypertension10 grs.**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.****19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION**20. AUTOPSY
YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year)

21e. INJURY OCCURRED
While Not while
at work at work

21f. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from June 10, 1955, to June 21, 1955, that I last saw the deceasedalive on June 20, 1955, and that death occurred at 12:59 P.M. from the causes and on the date stated above.

SIGNATURE

Elly Beardsley

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

Burial June 26, 1955Parsons CemeterySalisbury, Maryland

24. RECD BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE June 27, 1955Mary W. HollowayHOLLOWAY & COMPANYSALISBURY MARYLAND

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 48 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06070

Dr. Royer, Earl

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY <i>12</i>	Wicomico	MARYLAND	STATE <i>12</i>	Maryland	COUNTY <i>12</i>
CITY (If outside corporate limits, write RURAL OR end give nearest town) <i>Salisbury</i>		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) <i>Salisbury</i>		STREET ADDRESS <i>214 East Church St</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>82 Pen. Gen. Hospital</i>			(If rural give location)		
3. NAME OF DECEASED (Type or Print) MARTIN			(First) JOSEPH	(Middle)	(Last) WELLS
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Oct. 20 1884	9. AGE at birthday 73 yrs.	10. IF UNDER 1 YEAR 8 Months
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. IF UNDER 24 HRS. 9 Days
13. FATHER'S NAME Joseph Wells			14. MOTHER'S MAIDEN NAME No Record		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <input checked="" type="checkbox"/> <i>Unk</i>)			16. SOCIAL SECURITY NO. Mr. Fredrick Martin Wells (Son) Alliance R.D. # 5 Ohio		
17. INFORMANT & ADDRESS			18. MEDICAL CERTIFICATION		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) <i>Coronary Occlusion</i>			ANTECEDENT CAUSE(S) DUE TO (B) <i>Arterio - sclerosis -</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <i>Diabetes mellitus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>sudden</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			years		
19e. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		
			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-17 1955 , to 6-29 1955 , that I last saw the deceased alive on 6-21 1955 , and that death occurred at 9:00P.M. from the causes and on the date stated above. SIGNATURE <i>Earl L Royer</i> M.D. Camden Ave. Salisbury, Maryland June 30 1955					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			DATE THEREOF July 1955 NAME OF CEMETERY OR CREMATORIAL Parsons Cemetery		
24. REC'D BY REGISTRAR JUL 5 1955			REGISTRAR'S SIGNATURE <i>Mary Jr. Holloway</i>		
DATE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MARYLAND		

INSTRUCTIONS**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06071

6058

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY

Wicomico

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

12

Salisbury

LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

82

Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

Maryland

COUNTY

Somerset

CITY (If outside corporate limits, write RURAL and give nearest town)

Princess Anne

TOWN

19X-2

STREET
ADDRESS

R.F.D. #2 - Box 56

(If rural give location)

**3. NAME OF
DECEASED
(Type or Print)**

(First)

(Middle)

(Last)

Wharton

**4. DATE
OF
DEATH**

6

1

19

55

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

yrs.

19

30

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT
COUNTRY?

13. FATHER'S NAME

Clinton James Wharton

14. MOTHER'S MAIDEN NAME

Buth Helen Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Buth Wharton - "Mother"

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.5

IMMEDIATE CAUSE

(A)

Respiratory failure

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSE(S)

DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

(C)

Prematurity

**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.**

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21a. INJURY OCCURRED
While Not while
M. at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , to , that I last saw the deceased
alive on , and that death occurred at M., from the causes and on the date stated above.

SIGNATURE

William C. Morgan

M.D.

ADDRESS (Street, city, town, state)

DATE SIGNED

6/1/55

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

Cremation

6/2-55

Peninsula General Hospital

Salisbury, Md

Salisbury, Maryland

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE 6-2-55

Mary W. Holloway

Peninsula General Hospital, Salisbury, Md.

2065212332

WISCONSIN STATE DEPARTMENT OF HEALTH-PUBLIC WELFARE

CERTIFICATE OF DEATH

Case No. 104

DEATH CERTIFICATE NO. 104

DEATH DATE

DEATH PLACE

DEATH TIME

DEATH TIME

DEATH CAUSE

DEATH CAUSE

DEATH DATE

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DEATH CAUSE

BUREAU V.

JUN 6 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06072

6059

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH

COUNTY	Wicomico	MARYLAND
CITY (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY (in this place)	
TOWN	12 DAYS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	82 PENINSULA GENERAL Hospital	

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE	MARYLAND	COUNTY	Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town)			
OR TOWN	SALISBURY X		
STREET ADDRESS	R.R. 2 1		

**3. NAME OF
DECEASED
(Type or Print)**

BENNY

(Middle)

(Last)

WHITE

4. DATE (Month) (Day) (Year)

JUNE 10 1955

5. SEX

Male

**6. COLOR OR
RACE**

White

**7. SINGLE, MARRIED,
WIDOWER, DIVORCED,
(Specify)**

widowed Oct

8. DATE OF BIRTH

1889

9. AGE last birthday

65 yrs.

**10. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
part-time)**

Waterman

**10b. KIND OF BUSINESS
OR INDUSTRY****11. BIRTHPLACE (State or foreign country)**

Md.

**12. CITIZEN OF WHAT
COUNTRY?**

U.S.

13. FATHER'S NAME

William White

14. MOTHER'S MAIDEN NAME

?

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, unk.) (If Yes, give war or dates of service)**

no

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS

Mrs Ralph Trader (Route #2)

18. MEDICAL CERTIFICATION

Salisbury

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4222 IMMEDIATE CAUSE (A)

Congestive heart failure

ANTECEDENT CAUSE(S) DUE TO (B)

degenerative heart disease

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO (C)**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.**

asthma, emphysema, cor pulmonale

19e. DATE OF OPERATION**19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?**YES NO **21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)****21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)****21c. WHERE DID INJURY OCCUR? (City or town)
(County) (State)****21d. TIME OF INJURY (Month) (Day) (Year) (Hour)****21e. INJURY OCCURRED
While Not while
at work at work** **21f. HOW DID INJURY OCCUR?****22. I hereby certify that I attended the deceased from Mar. 1955 to Jun 4, 1955, that I last saw the deceased
alive on Jun 4, 1955, and that death occurred at 5:15 P.M. from the causes and on the date stated above.**

Signature: Paul W. Brundley

Address: 909 E Church Salisbury Md.

Date Signed: 6-12-55

**23. BURIAL, CREMATION,
REMOVAL (SPECIFY)**

Burial

DATE THEREOF

6/12/55

NAME OF CEMETERY OR CREMATORIUM

Deal Island Cemetery Deal Island

LOCATION (City, town, or county)

Md.

24. REC'D BY REGISTRAR

Mary W. Holloway

REGISTRAR'S SIGNATURE

James Hennigan

25. FUNERAL DIRECTOR'S SIGNATURE

Bruce Hunt

ADDRESS

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED

DEPARTMENT OF JUSTICE

STATE OF
KANSAS

STATE OF
KANSAS

KANSAS

DEATH

DATE

TIME

PLACE

CAUSE

DEATH

TIME

PLACE

CAUSE

BUREAU V. S.

JUN 12 1955

RECEIVED

INSTRUCTIONS

1 hours after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06073

CERTIFICATE OF DEATH

Reg. Dist. No. 337

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY TOWN	Wicomico (If outside corporate limits, write RURAL OR and give nearest town) Salisbury	MARYLAND LENGTH OF STAY (in this place) 25 Yrs.	STATE CITY OR TOWN Maryland Salisbury (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	00 616 Camden Ave.,	SUBDIVISION ADDRESS	616 Camden Ave.,
3. NAME OF DECEASED (Type or Print)	(First) GERTRUDE (Middle) ELLEN (Last) WHITE		4. DATE OF DEATH 6 5 19 55
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 8, 1875
9. AGE last birthday 79 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Elisha Gravenor	14. MOTHER'S MAIDEN NAME Mary Baker	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS Helen May White, Same	18. MEDICAL CERTIFICATION <i>Carcinoma of Lung (Primary) Myocardial Insufficiency</i>	19. INTERVAL BETWEEN ONSET AND DEATH Oct 1954
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
162X IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) 12.5A	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that attended the deceased from June 3, 1954, to June 4, 1953, that I last saw the deceased alive on June 3, 1954, and that death occurred at 12:5A, from the causes and on the date stated above. SIGNATURE <i>David J. Gilmore</i> DATE SIGNED <i>M.D.</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 6/7/55	NAME OF CEMETERY OR CREMATORIUM Parsons Cemetery	LOCATION (City, town, or county) Salisbury, Maryland
24. REC'D BY REGISTRAR DATE June 8, 1955	REGISTRAR'S SIGNATURE Mary H. Holloway	25. FUNERAL DIRECTOR'S SIGNATURE The Hill & Johnson Co. Salisbury, Md.	ADDRESS Norman T. Baker

DEPARTMENT OF DEFENSE - NATIONAL SECURITY INFORMATION

REF ID: A64940 STANFORD 03

ALL INFORMATION CONTAINED

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BUREAU V. R.

JUN 9 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6261

CERTIFICATE OF DEATH

06074

Dr. Insley, Philip A.

Reg. Dist. No. 332

1. PLACE OF DEATH COUNTY Wicomico MARYLAND CITY (If outside corporate limits, write RURAL OR TOWN Salisbury) LENGTH OF STAY (in this place)			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wicomico CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury STREET ADDRESS (If rural give location) 425 Pennsylvania Ave.		
3. NAME OF DECEASED (Type or Print) JAMES (First) ALFRED (Middle) WHITE (Last)			4. DATE (Month) (Day) (Year) OF DEATH June 29 th 1955		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Nov. 29, 1906	9. AGE last birthday 48 yrs.	IF UNDER 1 YEAR Months Dey Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing			10b. KIND OF BUSINESS OR INDUSTRY Plumber (Own Business)	11. BIRTHPLACE (State or foreign country) Salisbury, Maryland	
13. FATHER'S NAME James C. White			14. MOTHER'S MAIDEN NAME Annie Davis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT & ADDRESS Mrs. Annie L. White (Wife) 425 Pennsylvania Ave., Salisbury, Maryland			18. MEDICAL CERTIFICATION <i>Cerebral hemorrhage</i> <i>Hypertension</i>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33IX			INTERVAL BETWEEN ONSET AND DEATH 10 hrs		
IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 	
21d. TIME OF INJURY (Month) July (Day) 2 (Year) 1955 (Hour) M. <input type="checkbox"/> et work <input type="checkbox"/> Not while <input type="checkbox"/> et work		21e. INJURY OCCURRED While <input type="checkbox"/> et work <input type="checkbox"/> Not while <input type="checkbox"/> et work		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1945 , to 6-29 , 1955, that I last saw the deceased alive on 6-29 , 1955, and that death occurred at 5:22 P.M. from the causes and on the date stated above. SIGNATURE <i>Philip A. Insley</i> M.D. E. Main St. Salisbury, Maryland June 30 1955 DATE SIGNED					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF July 2, 1955		NAME OF CEMETERY OR CREMATORIAL Siloam Cemetery — Siloam Md. Near Salisbury, Md. LOCATION (City, town, or county) (State) 	
24. REC'D BY REGISTRAR DATE JUL 5 1955		REGISTRAR'S SIGNATURE <i>Mary D. Holloway</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MARYLAND	

BY THE DEPARTMENT OF HOMELAND SECURITY

CERTIFICATE OF DEATH

RECEIVED
U.S. GOVERNMENT

RECEIVED

02001 JUL 5 1955

BUREAU V.

RECEIVED
FBI - LOS ANGELES
JULY 5 1955

BUREAU V.

JUL 5 1955

RECEIVED

RECEIVED

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. After this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06075

6062

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE CITY TOWN		COUNTY CITY TOWN	
Wicomico If outside corporate limits, write RURAL and give nearest town) Salisbury		5 mins.		Maryland If outside corporate limits, write RURAL and give nearest town) Salisbury		Wicomico If rural give location) Salisbury	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital				STREET ADDRESS 814 E. Church St. 12 1			
3. NAME OF DECEASED (Type or Print) GEORGE WILLIAM WILLIAMS				4. DATE OF DEATH 6 12 19 55			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Mar. 31, 1871	9. AGE last birthday 84 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Samuel A. Williams				14. MOTHER'S MAIDEN NAME Elizabeth Phippin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS Mrs. Annie H. Williams — Same		
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) <i>Coronary artery occlusion</i> ANTECEDENT CAUSE(S) DUE TO <i>coronary artery occlusion</i> DISEASES OR CONDITIONS, IF ANY, (B) <i>coronary artery occlusion</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <i>coronary artery occlusion</i> (C)				INTERVAL BETWEEN ONSET AND DEATH 50 min. 292s.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) 909 E. Church - Salisbury		(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-10, 1955</u>, to <u>6-17, 1955</u>, that I last saw the deceased alive on <u>6-17, 1955</u>, and that death occurred at <u>9:05 PM</u>, from the causes and on the date stated above.							
SIGNATURE <i>Bill Beaudley</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 6/14/1955		NAME OF CEMETERY OR CREMATORIAL Parsons Cemetery		ADDRESS (Street, city, town, state) 909 E. Church - Salisbury	
24. REC'D BY REGISTRAR DATE <u>June 15, 1955</u>		REGISTRAR'S SIGNATURE <i>Mary H. Holloway</i>		LOCATION (City, town, or county) Salisbury		DATE SIGNED 6-15-55	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>The Hill & Johnson Co. Salisbury, Md.</i>							

6063

Item #13 Film b. 369 10/8/65 - R.C.
DEPARTMENT OF HEALTH BALTIMORE 18

06076

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Wicomico		STATE Md. COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits write RURAL and give nearest town)	
TOWN Salisbury		TOWN Eden	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF (First) (Middle) (Last)		4. DATE OF DEATH	
DECEASED: (Type or Print) Minnie Lylie Wilson		June 3 1955	
5. SEX: female		6. COLOR OR RACE: white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED.		8. DATE OF BIRTH: Dec. 12, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY: Post Office	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Phillips William Ross Wilson		14. MOTHER'S MAIDEN NAME: Emily Phillips	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO.: no	
17. INFORMANT & ADDRESS: Levin R. Wilson Princess Anne, Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X Immediate cause (a) Cerebral hemorrhage May 13, 1955 DUE TO (b) (c) Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating underlying cause last (c) 9040			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fractured hip April 20, 1955			
19a. DATE OF OPERATION: April 20, 1955		19b. MAJOR FINDING OF OPERATION: Fractured hip	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, office bldg., etc., INJURY Home	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? At work <input checked="" type="checkbox"/>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>R. Johnson</i>			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL Wicomico Memorial Park	
DATE REC'D BY LOCAL REG. 6-6-55		LOCATION (City, town, or County) (State) Salisbury, Md.	
REG. 6-6-55		REGISTRAR'S SIGNATURE Mary W. Holloway	
		24. FUNERAL DIRECTOR Levin R. Wilson	
		ADDRESS Princess Anne, Md.	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

NAME		ADDRESS		CITY		STATE		TELEGRAM		TELETYPE	
JOHN	DOE	1234 FAIRFIELD DR.	APT. 101	FAIRFIELD	CONNECTICUT	06430	USA	1234567890	1234567890	1234567890	1234567890
RECEIVED IN THE FEDERAL BUREAU OF INVESTIGATION, WASHINGTON, D. C.											
JUN 8 1965											

BUREAU U. S.

RECEIVED

6070

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Weonics MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN White Haven LENGTH OF STAY
 (in this place)
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
oo

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Weonics
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN White Haven.
 STREET ADDRESS
 (If rural give location)

3. NAME OF
DECEASED:
(Type or Print)

(First) William (Middle) J. (Last) Wilson

4. DATE (Month) (Day) (Year)
 OF DEATH: June 30 1955

5. SEX: Male 6. COLOR OR RACE: White 7. SINGLE, MARRIED,
 WIDOWED, DIVORCED.
 (Specify): MARRIED

8. DATE OF BIRTH: Aug 18 1894

9. AGE last birthday
 IF UNDER 1 YEAR
 yrs. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10B. KIND OF BUSINESS
 OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Md 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME:

James L. Wilson

14. MOTHER'S MAIDEN NAME:

Sarah Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
 (Yes, no, or unknown) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

Mrs. bounds Phillips Shesbury Md

INTERVAL BETWEEN
 ONSET AND DEATH

2 years.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE

(A)
 DUE TO

Carcinoma Stomach

ANTECEDENT CAUSE (S)

(B)
 DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

Influenza

in month

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDERLYING
 OR CONTRIBUTING CAUSE OF DEATH
 (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town)
 INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
 OF INJURY

M.

21E. INJURY OCCURRED
 While Not while
 at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3, 1955 to 6/30, 1955 that I last saw the deceased

alive on 6/30, 1955, and that death occurred at 6:30 AM, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, DATE THEREOF
 REMOVAL (SPECIFY)

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

BURIAL July 2 1955

Hobury Cemetery

Mt Vernon Md

REGISTRAR 2-65

MARY W. HOLLOWAY

JAMES BURTON PRINCIPAL

BUREAU V. S.

JUL 6 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C I-35 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06078

6064

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY WICOMICO		MARYLAND		STATE MARYLAND COUNTY WICOMICO	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN 12 SALISBURY				OR TOWN DELMAR	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 PENINSULA GENERAL HOSPITAL				STREET ADDRESS RFD #3	
3. NAME OF DECEASED (Type or Print) MARGARET			4. DATE (Month) JUNE (Day) 28 (Year) 1955		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 1-10-1871	9. AGE last birthday 84 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Karl Nlass			14. MOTHER'S MAIDEN NAME Rosalie Reich		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) —			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT & ADDRESS Bruno Wolf-Delmar, Del			18. MEDICAL CERTIFICATION <i>Bronchopneumonia</i> <i>Cerebro-vascular accident</i> <i>Arteriosclerotic C-V disease</i>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) Bronchopneumonia					
ANTECEDENT CAUSE(S) DUE TO Cerebro-vascular accident					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Arteriosclerotic C-V disease					
INTERVAL BETWEEN ONSET AND DEATH 3 day					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) Wilmington, Del (State)	
21d. TIME OF INJURY (Month) June (Day) 28 (Year) 1955 (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 to 19 , that I last saw the deceased alive on 19 , and that death occurred at 7:24 A.M. from the causes and on the date stated above. SIGNATURE Willie J. Fisher Jr. M.D. ADDRESS Street, city, town, state DATE SIGNED					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		DATE THEREOF 6-30-55		NAME OF CEMETERY OR CREMATORIAL Silverbrook LOCATION (City, town, or county) Wilmington, Del (State)	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE July 1, 1955		Mary W. Holloway		H. S. Mason Co. Delmar, Del	

